Free Seminar:

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Suicide Awareness

Living Life to Salubrity™ Seminars the Full

by Lionel Hartley, PhD **www.lrhartley.com/suicide**

This volume contains
a speaker Introduction,
a full transcript of the seminar,
the PowerPoint slides,
and a selection of handouts.

Separately downloadable
are the Yellow Ribbons
mentioned in the text.

Topics include: Definitions, perspectives, trends, attitudes, myths & facts, risk factors, warning signs, awareness & prevention strategies.

If someone you know is suicidal call 131114

Suicide Prevention Seminar – One session event. **Introduction to the speaker.**

Tragically, *some* suicide attempts are successful.

In the brief, pathetic suicide note found beside the body of the wealthy English actor, George Sanders, was this statement: "I'm bored!"

Thankfully, *some* suicide attempts are *un*successful.

For example, a New South Wales man tried to commit suicide by drinking a glass of water and strychnine. He failed because his thick bushy moustache held back the undissolved crystals. Police, who found him lying sick along side the Murrumbidgee River, recovered enough strychnine from his bristles to kill twenty adults.

However, *all* suicide attempts ought to make us sit up and take notice.

Professor Russell Meares, of Sydney's Westmead Centre says that Australia has the highest per capita teenage suicide rate in the English-speaking world.

Today, our presenter, former seminary professor and family-life counsellor, Dr Lionel Hartley will somehow endeavour to condense what would normally be a whole week of seminars and workshops into a couple of hours, looking at suicide awareness and prevention strategies.

Time will be allowed at the end for your questions.

So now, I present, Lionel Hartley…

Notes:
George Sanders' Quote: John Hamilton Smith, *Are Your Fears Running Away With Your Life*, EJ Dwyer, NSW 1993 (Dewey 248.86) p10
Russell Meares' Quote: *Sunday Telegraph*, 20 June 1982 p4
Strychnine Quote: *Post*, 30 September 1984, p2

Suicide Awareness Seminar (2014)

Slide 1 – Focus

Slide 2 – Title slide (May include video clip)

Slide 3 – Speaker for today

Many years ago when I ran a counselling clinic, I routinely kept case notes for 5 years after a case was closed and then shredded them. However, one year, I had a request from a committee investigating abuse in a certain denomination, to archive these files indefinitely. So to save storage space, my notes were (from then on) archived digitally before shredding the originals. In preparing today's seminar, I looked back a decade, reopened the archive for the 2004/2005 year and reread my case notes. I was reminded of some very sad and sobering stories. I hope that by sharing some of these throughout this seminar, you will get a true-to-life picture of this topic.

Here is what one young client shared…
"I spent the other day trying to come to peace with my decision.
It sounds simple. It really wasn't. I remember waking up at around 9 am. I had planned the entire day out in advance, and I knew exactly what I would do. I skipped school, didn't go to any of my classes.
I remember just sitting on the floor of my bedroom. Just sitting in silence. Thinking. Trying to come to terms with the fact that I was planning to kill myself that evening. I guess it was ritualistic in a sense. The day took on a meditative, surreal quality. I made myself a light meal, made a pot of tea, and sat down on the floor with my laptop and began to write my notes. I wrote a note to every person who I thought had been influential in my life. I wrote one to my mother, my father, my brother, my teachers, my friends. All individual letters. It took me the entire day. Some of them were warm and beautiful,

others were bitter and curt and angry. I figured it would be my final chance to tell each and every person what exactly I thought of them. I wrote things in those notes I would've never said out loud. In these letters I told so many of my friends that I loved them, despite the fact that I'm known in my social circle as being quite cold. I had always loved them; I'm just not a very demonstrative kind of person. But I wanted them to know, beyond a doubt, that I did. I told my mother I'm sorry I wasted 17 years of her money. I told my brother that I thought he should open his eyes and his mind. I told my abusive father to [expletive].

That night I waited until everyone was asleep, then I crept down to my father's gun cabinet at around 3 am. I remember it being quiet, just really, really quiet. I was strangely at peace. It was almost meditative.

I stole a bottle of whiskey from the liquor cupboard and downed half of it. I knew where my father kept his gun cabinet keys, so I had stolen it the night before. I opened the cabinet and grabbed a pistol.

I remember holding that gun to my head for such a long, long time. I was scared and excited and angry and sad and happy and resigned and scared, and scared and scared and terrified. I remember holding it to my head, then putting it down, holding it up, putting it down. It went on for a very, very long time.

I finally pulled the trigger.

It didn't fire. It wasn't loaded.

Somehow, and I can’t explain it, I felt an overwhelming, immense sensation of relief. I was so relieved. I was in tears, and giggling madly. It was absurd.

I went to bed. I've never tried it again since. I was so scared that I don’t think I will. I've never told anyone else. I still have those notes on my computer. Someday I think I'll have the courage to say what I wrote down to the people in real life. Someday.”

Slide 4 - Why does suicide happen?

The Australian Bureau of Statistics report on Causes of Death in Australia reveals more than 2,500 people died by suicide in last year – the highest number for the past ten years. Every one of these deaths is a tragedy for the person involved and their family and friends.

Suicide is the leading cause of death for Australians aged 15-44, with the highest rate among middle-aged men. Suicide among teenage girls (aged 15-19) has increased to about 60 a year. It is estimated that every day over 1,000 Australians experience suicidal thoughts.

It is not always possible to know if someone is thinking about suicide; people don't often talk directly about it, sometimes their communication is indirect and even unclear. If you or someone you know is thinking about suicide, keeping safe is the first priority. From there it is about finding the support you need to refocus thoughts, develop other options and rebuild hope.

Suicide is a complex issue that has tragic consequences and sets off deep ripple effects for individuals, families and the whole community.

There is a broad range of reasons that might contribute to a person considering suicide. It's related to their mood, what has happened in the past, what is happening currently in their lives, how they are coping and how supported and connected they feel.

The suicide note left by cartoonist Ralph Barton read, "I have had few difficulties, many friends, great successes; I have gone from wife to wife, and from house to house, visited great

countries of the world, but I am fed up with inventing devices to fill up twenty-four hours of the day."

Often people who think about taking their life believe that nobody cares about them, that they don't belong and that things are hopeless. They are often exhausted by their distress and unable to think clearly through any other options. They might be so unhappy that they are unable to sleep, eat, or enjoy any part of their life.
People with conditions such as depression, bipolar disorder, eating disorders and substance abuse are more likely to think about suicide.

The Vietnam War was prolonged conflict lasting from 1954 to 1975 between the communist armies of North Vietnam who were supported by the Chinese and the non-communist armies of South Vietnam supported by USA. According to Church Dean in his book 'Nam Vet', (Multnomah, 1990), The number of soldiers who died in the Vietnam War was 58,000 and by 1990 when his book was written, the number of Vietnam veterans who had committed suicide since the war was 100,000.

A client in counselling handed me this note that she had written:
"I have decided to end my life, and I want my friends and my lover and my family to say 'Now that she is dead, she is in a place where she's beyond the reach of suffering and has forgotten the painful memories. She has cleansed her soul of impurities.' Though life can provide us with the indulgence of our favourite things, with friends and lovers, with the company of people who make our hearts soar, life can also provide us with troubles, thoughts of failure and doubts of our own virtues. My heart is impaled with sadness and sometimes I go through life a ghostly figure [with] nothing to look forward to

except the warm embrace of sleep. When a person's life is infected with the disease of depression and some days are a struggle to live and most nights a struggle to sleep, it is suffering."
In answer to the question that some of you may be thinking, "No, we worked through her issues together and she didn't commit suicide".

Slide 5 – Knowing the signs

Urgent Assistance

If you or someone you care about is in crisis and you think immediate action is needed, call emergency services (triple zero – 000), contact your doctor or local mental health crisis service, or go to your local hospital emergency department. Do not leave the person alone, unless you are concerned for your own safety.

Warning Signs (Slide – Words, change in behaviour, change in mood)

From my case notes:
"My younger brother texted me early that morning in a really good mood saying what a great day it was going to be. Then he apparently went around giving out his stuff, buying people lunch, and telling his close friends his bank details, etc. He wanted to make sure his friends were covered. I was at work, so I didn't get the "I love you, [name]" text until after he was in the hospital. The sad thing was that when I read that text, I knew something was wrong."

Sometimes there are things that people say or do that can help you begin to understand how they are feeling. It might be the words they use ("No one cares about me anymore."), a change in how they act around you, or perhaps a dramatic change in their mood. Some people might display one or more of these behaviours at times of stress. If you see these signs then it is

important to ask about what is going on, how they feel and whether they are thinking about suicide.
'It sounds like you have a lot to deal with. Have you ever thought about harming yourself?'
'Sometimes people with a lot of problems and stress lose hope, have you?'

Slide 6– How they might feel

- Sad, angry, ashamed, rejected, desperate, lonely, irritable, overly happy or exhausted.
- Trapped and helpless: "I can't see any way out of this."
- Worthless or hopeless: "I'm on my own — no one cares. No one would even notice I was gone."
- Guilty: "It's my fault, I'm to blame."

Slide 7 – What they might be doing

- Spending less time with family and friends.
- Isolating themselves, pushing people away.
- Talking or writing about death, dying or suicide
- giving away possessions.
- Stopping doing things that they previously enjoyed.
- Increasing alcohol and/or drug use.
- Doing dangerous, life-threatening actions without concern for their safety.
- Reckless regard for health - Changing their approach to their physical health; changes in sleep, diet, level of exercise.

Slide 8 – What they might say

- "They'd be better off without me."
- "I just don't fit in anywhere."
- " What is the point? Things are never going to get any better."
- "I just can't take this anymore."
- "Soon you won't have to worry about me"

- “Nothing I do makes a bit of difference, no one can help me.”
- “If I died no one would miss me.”
- “I just want to go to sleep and never wake up,"
- “I just want out"

Slide 9 – Risk Factors for Suicide

There are a number of risk factors – things we can look out for to see if we (or others) are at risk of suicide. Some of these are:

Diagnosis of depression

Previous suicide attempt

Someone once said to me: ‘I told the psychiatrist, "I have suicidal tendencies," I had rather wished that he would give me some hope, but now he is billing me in advance.’

Family history of suicide

Loss of job, home, money

In January 2009 at a home in the suburb of Wilmington south of Los Angeles a father shot dead his wife and five young children and then committed suicide supposedly because he was fired from his job at Christmas time.

Death or terminal illness of a loved one

Divorce or loss of major, significant relationship

According to Lookout Magazine, Vera Czermak, of Prague, Czechoslovakia, discovered her husband was cheating on her. She contemplated both murder and suicide. Choosing the latter, she leaped out of a third-story window. She suffered only minor injuries, however, because she landed on her husband on the street below, killing him.

Loss of health, either real or imagined

The late Reverend Chad Varah was the founder of the UK based Samaritans suicide prevention charity (which has a link to it from our website). In 1935, Chad’s interest in suicide prevention stemmed from when he conducted the funeral of a 13-year-old girl who had committed suicide because, being

uneducated about sex, she had experienced her first period and thought it was a symptom of a sexually transmitted disease.

Someone close to the person has completed suicide

When 26 year-old musician Kurt Cobain committed Suicide in 1994 many of his fans globally attempted copy-cat suicides.

Recent disappointment or rejection

Jeffrey Jacklovich, aged 14, wrote in his (1984) suicide note, "I want to go to the fantasy world of elves and dwarfs instead of the world of reality with conflict."

Being expelled from school/fired from job
Sudden loss of freedom/fear of punishment
Victim of assault or bullying

Slide 10 – Suicide Attempts

Shortly before her death of natural causes in 1967, seventy-four-year-old Dorothy Parker wrote, “Razors pain you, rivers are damp, acids stain you, and drugs cause cramp. Guns aren't lawful, nooses give, gas smells awful – you might as well live.”

There are ten times more attempted suicides than suicides; and most are not trying to kill themselves. Suicide is typical of men and of older people. Attempted suicide is typical of women and of the young - and especially of young women. Of every four men who try suicide, three kill themselves; of every four women, only one.

Of course, some genuinely wish to commit suicide, and fail. The picture on the screen shows a woman in USA successfully thwarting her husband’s suicide attempt by grabbing a hold of his boxer shorts and dragging him back inside their high-rise apartment.

Bill Bryson Jnr writes, “Intent on suicide, Frenchman Jacques Lefevre drove a stake into the ground at the top of a cliff

overlooking the sea, then tied one end of a rope around the stake and the other around his neck. Being nothing if not thorough, Lefevre then drank a bottle of poison, set his clothes on fire, lowered himself over the cliff and tried to shoot himself in the head. Unfortunately he missed, the bullet cut the rope in two, dropping the hapless gentleman into the sea where the salt water put out the flaming clothes and caused him to spew up the poison. A passing fisherman picked Lefevre up and delivered him to a nearby hospital, where the weary Frenchman got his wish – and died from the effects of exposure."

Yes, some genuinely wish to commit suicide, and fail - just as others wish only to attempt suicide, and unhappily succeed. But, in general, those who attempt suicide, and live, have different motives from those who kill themselves.

Suicide happens among those who are socially isolated; attempted suicide among those who are socially - in fact, emotionally - involved.

Suicide is a way of ending your pain for yourself. Many who genuinely think of suicide are deterred by the thought of the pain and grief they would leave behind. Attempted suicide is a way of trying to call on those emotional ties: it is an appeal for help, or a blackmail note for it.
But never ignore someone who talks of suicide. Talking of it does not mean he only wants to attempt it: talking of it need not be a plea for sympathy. Two-thirds of those who kill themselves have told someone beforehand what they intended to do; and those, who have tried once, are not safe from trying again and succeeding.

Never refer to an unsuccessful suicide attempt (that is a suicide attempt from which the attempter survived) as a *failed* suicide attempt. The person attempting suicide already feels a sense of

failure and to be told that they can't even try to kill themselves without failing may prompt them to try again more lethally. Rather, refer to it as a **nonfatal suicide attempt** or if you want to use the jargon of professionals, use the Latin: *tentamen suicidii*.

Slide 11 – If you are suicidal

Many people think about suicide but for most people that is as far as it gets; they do not necessarily go on to act on their thoughts and take their own life.

Having suicidal thoughts can be scary.

You may have never had them before, or perhaps the thoughts have been there for a while and you are not sure what to do. You may be ashamed to talk about it or worry that people will not take you seriously and just tell you to "Get over it". In the short term you need to find ways to stay safe. Once you are safe you can work out how you are going to get the help you need.

Feelings of hopelessness and thoughts of suicide can be much worse following very stressful experiences. I mentioned these earlier when I spoke of risk factors.

Slide 12 - Myths About Suicide

MYTH: People who talk about suicide just want attention.
FACT Talking about suicide is a warning sign. Warning signs should be listened to

Slide 13 – Let someone know

A couple sat side by side on a park bench trying to make conversation:
One said, "The weather's awful."
To which the other replied, "Yeah, I'm depressed and lonely and I don't know how to tell you either."

- **Share how you feel** with someone you trust and feel comfortable with, a family member, teacher, doctor or other health professional
- **Try and think about it as any other conversation**. You can describe what has happened, how you feel and what help you need. It's best to be direct so that they understand how you feel.
- **Be prepared for their reaction**. Often people who learn that someone is suicidal can be quite confused and emotional at first. Just keep talking and together you can find a way through it.
- **Ask your friends/family member to help** you find support; in person, online, over the phone.
- **Understand that others do care**. It is important to have support from your friends but if you tell them about your suicidal thoughts you cannot expect them to keep it a secret. They want to be able to help you stay safe and that usually means calling in extra help.

In Bruce W. Thielemann's, book "Telltale Tears," we read of the problem of not telling anyone. He says, 'I think of a college senior — tall, good-looking, from a fine background, very bright, had invitations to attend four elite graduate schools. In his senior year he fell in love with a girl and began sleeping with her regularly. This girl was not interested only in him but also in his best friend, and she began sleeping with both of them. She told them this; they were aware of it.

A doctor friend asked him how he could tolerate such a thing, and the young man looked at him questioningly and said, "I am mature enough and urbane enough to be able to understand. I have a sophisticated enough view of sex to be able to tolerate this without difficulty." [Tragically], he never showed that inside he was a mass of anger and frustration. Always [displaying] the stiff upper lip; [and] no tears where anyone could see.

Then one night he borrowed her car, drove to a nearby parking lot, put a pistol in his mouth, and blew his brains out. Everyone who commented after it, including the doctor who wrote of it, said, "He never let us know what he was really feeling."

Slide 14 – Myths About Suicide

MYTH: People who attempt suicide and survive never try again. FACT Many people who complete suicide have attempted in the past - in fact this is a serious sign that a person may try again.

Slide 15 – Stay safe

- Remember that **thoughts of suicide are just thoughts**; you do not have to act on them. These thoughts might only last a few minutes; you might feel differently in a few hours.
- **Postpone any decisions to end your life**. Give yourself time to get the support you need.

Voltaire wrote, “The man who, in a fit of melancholy, kills himself today, would have wished to live had he waited a week.”

- **Remove anything** in the house that **you might use to** impulsively **harm yourself** – maybe give it to a friend.
- **Keep crisis line phone numbers** or web links **in your mobile phone** for easy use.
- **Avoid being alone**. Have someone near you until your thoughts of suicide decrease.
- **Avoid drugs and alcohol**. They can intensify how you feel and make decision-making harder.
- **Decrease stress.** Cut back on commitments, postpone major decisions until you are more able to make them, ask to take on different responsibilities at home or at work, or take time out to do activities you enjoy.

Slide 16 – Find what works for you

- **Set yourself some tasks to do** on a day to day basis, or even hour by hour if you need to.
- **Reward yourself** as you achieve small goals.
- **Learn about different coping strategies**, including relaxation techniques. More about this later.
- **Do some physical exercise every day**, preferably outdoors, no matter how hard it is to get going. Not only will this help to give a natural boost, it should help you to sleep better at night.
- **Make a safety plan.** Make a list of things that you can do when you notice your suicidal thoughts returning. Include things that calm you down, things you enjoy, for example, talking with friends and things that help you to refocus your thoughts.
- **Think about who you can contact (**beyondblue, Kids Helpline, headspace, ReachOut, Lifeline, Suicide Callback Service). I have links for all of these and more on my website.
- **Consider asking a friend to 'buddy' with you for regular exercise** sessions.
- **Notice the times that you feel a bit better**. These times might be short at first, 5-10 minutes, but as you learn to cope in different ways, these times should become more frequent and last longer.

Continues on slide 17

- **Do things regularly that you enjoy.** Catch up with friends, neighbours and family members, or perhaps join a group doing something that interests you.
- **Get support from a health professional** in person, online or over the phone. A health professional can help you work out how you are feeling and offer ideas about ways to approach the problem.

They can offer a different perspective and help you to achieve your goals.

- Try to **challenge how you think about things**. By thinking in more realistic, positive and reassuring ways you can influence how you feel. It's about changing your unhelpful thoughts to thoughts that can help you to move forward and feel more in control.
-

Let me give you some examples of the difference between helpful and unhelpful thinking…

Slide 18 – Unhelpful thinking:

• " What is the point? Things are never going to get any better."
• " Nothing I do makes a bit of difference, no one can help me."
• " That was a disaster. Nothing ever works out for me. I'm a failure."
• "It's never going to work., no-one cares"

Slide 19 – Helpful thinking:

• "Is this situation as bad as I am making it out to be?"
• " I don't think that went very well, but I guess I could try again."
• " I wish that hadn't happened, but it has, so I just have to accept it".
• "Is there something I can learn from this situation, to help me do it better next time?"

Slide 20 – Self-help for suicidal feelings

Have you been thinking about suicide? You may have found yourself wishing that you were dead, or perhaps that your friends and family would be better off if you were. You may have even considered how you would kill yourself.
Sometimes thoughts like these can be triggered as a response to feeling that you don't have any control over your life, or that things will never improve.

You may feel terribly alone at the moment, but it is important to know that other people have been in similar situations and had similar feelings to those you're having now. Other people have also felt like ending their lives, and will have had similar thoughts to your own.

Slide 21 – Myths About Suicide

MYTH: If a person wants to complete suicide nothing can stop it happening. FACT: The young person rarely wants to die, what is wanted is for the pain to stop.

Slide 22 – Self-help for suicidal feelings (2)

What can I do if I'm feeling suicidal?
The following are some examples of things that you may find helpful when you're feeling distressed or overwhelmed and thinking about hurting or killing yourself. It may be useful to experiment with some of these suggestions, and make a note of the ones you find helpful so you can look back over them if you need to.

[Past Coping Strategies]
Think back to another time in your life where you faced a similarly overwhelming or painful situation. What did you do to cope then? Can you do any of the same things now?

[Past positive feelings]
Think about a time when you felt a little better than you do at the moment. What did it feel like then? Try focusing on, or even writing about, the way you felt at that time.

Try to concentrate on the present. Worrying or getting caught up in the idea that things will never improve in the future can make you feel even more overwhelmed.

Try breaking up your day by planning things to do that will distract you. Plan something to do for a short period of time,

and then have another activity or task ready for when you finish that one, and so on.

Distractions and stress relievers

Activities that you may find helpful in distracting you from the way you're feeling and relieve some of your distress might include:

- Listening to your favourite music as a mood booster
- Taking a shower
- Sitting outside or going for a short walk
- Spending time with your family or friends
- Watching a favourite DVD, television program or film
- Drawing, sketching or painting
- Writing
- Reading a book
- Playing quoits or throwing a basketball into a hoop
- Prayer or contemplative Bible study

Re-connecting with areas of your life that give you a sense of meaning e.g. spirituality, social service, a vocation

Taking some time out to treat yourself to a small thing you ordinarily enjoy, and savouring it.

Looking after your physical health

It is easy to neglect your physical health when you're feeling distressed or suicidal, but paying attention to your diet, getting regular sleep, maintaining a daily routine and keeping active can help you to feel more able to manage things.

Another important step in coping with suicidal feelings is to **develop a suicide safety plan.**

Slide 23 – How to make a suicide safety plan

A suicide safety plan can play a vital role in keeping you safe when you're feeling distressed or suicidal.

Here are some tips for creating a suicide safety plan.

Work with a trusted family member or friend, or a professional to develop a suicide safety plan. It is helpful to involve important people around you, as they need to know how best to care for you and keep you safe if you're feeling suicidal.

Try to find a time when you're feeling well, calm and clear-headed, rather than when you're suicidal or distressed.

Write your safety plan down and keep it in a place where you can easily find it when you need it. You can download a template from my website if you wish.

Your suicide safety plan should include:

Information about when to use the plan. List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal.

A list of things that you can do that help you feel calm and comforted. Think of soothing, calming activities that you can employ when you're feeling suicidal.

A list of all your reasons for living. It can be helpful to refer to this list when you're feeling suicidal, as you can lose focus on the positive aspects of your life and concentrate only on the pain you're experiencing. Your list can remind you of these positives you may have forgotten.

People you can talk to when you're feeling suicidal. Include their names and contact details, and make sure you have back ups.

Professionals who you can talk to if you need to, again including their names and up-to-date contact details.

A plan of how you can make your environment safe. Think about items you might be likely to use to hurt yourself, and detail how you can remove or secure them. Your plan may also include avoiding things you know make you feel worse.

Emergency contact details that you can use if you are still feeling unsafe. List the name and address of your nearest emergency department or crisis help line.

Make a commitment to your safety plan. This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend or professional that you will follow your plan.

Slide 24 – Myths About Suicide

MYTH: If you promise to keep someone's suicide plans a secret, you should always keep that promise. FACT You should never promise to keep suicide plans a secret. Telling you about the plan can be a cry for help.

Slide 25 – Recovering from a suicide attempt

Following a suicide attempt, you may have conflicting feelings about your experience. It may be that you feel ashamed, confused, relieved, disappointed, or angry that you need help. A common experience for people after a suicide attempt is lethargy and physical fatigue. The suicide attempt, reactions from others and the experience in the emergency department may all be overwhelming you right now.

It may be helpful to remember that while all these feelings are probably very intense for you right now, they will pass and a return to normal life is possible.

Reasons for living

People who have been through this experience may find that it is helpful to reflect on their reasons to live. It may be faith in God, your family, children, friends or even a beloved pet that are your most important reasons for living. Perhaps it's a passion or interest that is meaningful to you. While reflecting, you may want to write these thoughts down and keep them for future reference in case you are feeling suicidal in the future, or

if you just want a reminder of all the things that make your life worth living.

Suicide is still a delicate subject and is largely misunderstood. The stigma surrounding suicide might cause you to worry about what other people are thinking. Remember that it is your choice who you talk with about what you are experiencing. It is important to be kind to yourself and surround yourself with trusted and supportive people. Building a strong support network is a key stage in recovering from a suicide attempt and keeping safe in the future. It is helpful to have at least one person you can talk to about your feelings, especially if you start to have suicidal thoughts again.
Following a suicide attempt, it is likely that you have been referred to a psychiatrist, psychologist or other mental health professional. It is important to call on this network of support to help you move through this difficult time, and deal with the problems that brought you to this point.

Managing suicidal thoughts
Recovering from suicidal feelings is possible. You can learn how to manage these thoughts in the future to keep yourself safe, or you may get to a place where you no longer have these thoughts at all. Other people have recovered from suicide attempts and you can too. Remember that even if you feel like you are alone, there are people who can help you.
Here are some ideas that can be put in place now to keep you safe in the future:

Make a suicide safety plan
I have already discussed how we can create a plan that you can follow should the suicidal thoughts come back. It is important to be as honest as you can to ensure you are comfortable with your plan and it meets your needs. There is a free safety plan template for download from my website.

Keep a list of support services
Include in your safety plan a list of services that you can call upon when you are in need of assistance. You could start with listing some telephone help lines or other contacts such as those listed on our website. If you telephone a help line, it may help to have your safety plan with you when you make the call because the counsellor can work with your plan to help keep you safe. If you don't have a plan, a counsellor can help you create one.

Learn your triggers
Identify what sets off the negative thoughts. It may be that these thoughts are activated when you spend a lot of time alone, when you are exposed to stressful situations, or perhaps on the anniversary of a painful event. Whatever the trigger is, make use of the safety plan when your triggers arise before you start to have suicidal thoughts.

Practice relaxation techniques
This could be a breathing exercise or perhaps progressive muscle relaxation. These activities can help to calm you and distract you from the intense thoughts. There is a free handout on our website with Progressive Relaxation Instructions, but you will need a password to open it – the password is relax05 (lowercase letters)

Stress relievers and distractions
List some activities that you may find helpful in distracting you from the invasive negative feelings. I mentioned some of these earlier when I spoke of self-help for suicidal feelings.

Slide 26 – Self care – Looking after yourself after a suicide attempt

Now more than ever it is important to take care of yourself. For a while at least, life might feel dull, uncomfortable and strange. Establishing a routine can help you to get through this difficult period. Eating well, getting enough sleep and doing some physical activity will help improve your mood. You can start introducing more things into your routine once you feel ready.

Get help if you need it
Should you continue to have suicidal thoughts, it is vital that you get help so that you can stay safe. If you're already receiving professional help or support, it's important that you stay in contact with these services, particularly if you're feeling troubled. If you feel you need some extra support, you may wish to consider calling a crisis line like SuicideLine (1300 651 251), the Suicide Call Back Service (1300 659 467) or Lifeline (13 11 13).
You could also reach out to a trusted friend or family member. It's very important that you are honest with the person who is helping you. Let them know how you're feeling, and what you think you need to ensure you get the best possible help.
Remember that there is hope. Recovery may take time, but it is possible.

Slide 27 – Myths About Suicide

MYTH: The only people that can really help are psychiatrists.
FACT There are many people who can help. Most important are family and friends.
To help a friend in distress there is a new website recently set up by the Australian Office of Learning and Teaching: www.mend-a-friend.com (You can find a link on our website.)

Slide 28 – Being a friend

Picture your family as a mobile, with each part in careful balance with the other, moving together with the different airflow. Now imagine someone has removed or greatly disturbed one part — all the other parts move in reaction to it. In the same way, a suicide attempt affects the entire family.

“It was a somewhat usual day,” the counselling client told me. “I woke up, watched TV, ate pizza, called my brother, went to work, came home, and watched TV.
It may sound like a joke, but I got up after the TV show finished and went walking. I kept listening to rock music on my ipod until I reached the Aurora Bridge. I walked to the middle of the bridge and looked down for a while. This part of the bridge was over land and not water, so I continued to walk until I wasn't above someone's back yard. I was probably 100 metres before the end of the bridge. I stood looking over the railing for 10 minutes, maybe more.
A man got off the number 16 bus at the stop right before the bridge and walked toward me. He stopped beside me and asked if I was okay, and I didn't reply for a while. He just stood next to me for a while and just kept talking. He never stopped talking. He talked about the bridge and the bus and his family and about his work, and chattered away for a solid ten minutes. He asked where I lived and I told him. He put his hand on my back and coerced me off the bridge and onto a bus. He bussed me home and walked me to my front door.
I never got his name, and I haven't seen him since, but he saved my life. I was ready to kill myself, and that's the closest I ever came to it. A stranger saved me and I really hope he knows that.”

Slide 29 – Myths About Suicide

MYTH: Most suicidal people never ask for help. The suicide happens without warning. FACT Many young people ask for help from friends or see their doctor before attempting suicide. They may not ask for help directly but a person who recognises the warning signs is more likely to able to help.

Slide 30 – The suicidal crisis

It is sometimes helpful to think of the suicidal crisis as being like an emotional or psychological version of a physical injury or trauma. While the situation is not necessarily as simple or straightforward as this, the analogy can be useful in understanding what the person is going through.
As a support person, your initial role is similar to performing physical first aid. You assist the person to stop the 'emotional bleeding' and ensure they have access to mental health professionals to support them in the healing process.

If someone broke a bone or had a heart attack, you wouldn't take on the responsibility for treating it. You would understand that the person needs the intervention of professionals and experts, like doctors and surgeons.

Just like these physical traumas, the psychological trauma of a suicidal crisis also requires professional assistance, and it is best to encourage the person you're concerned about to seek help from doctors or psychologists.

This doesn't mean you won't play a part in the longer term for the person. Your care, concern, support and 'listening ear' will be of great benefit in their recovery.

Slide 31 – Being a Friend - Is it my fault that they feel suicidal?

Sometimes people think it is their fault that someone close to them is feeling suicidal.
This is sometimes more common after relationship break ups or when a child feels suicidal.

It may be that the suicidal person is saying this to you explicitly, or it may just be that you feel a sense of guilt or responsibility for the way they feel, as if you have done something to cause them to feel that way.

It is critical that you understand that it is not your fault. The feelings and thoughts of the suicidal person are based upon factors largely outside your control, including:
- their personal interpretation of the stressful situations, events or traumas that they are going through or have been through in the past
- the way they view the future, which may well appear hopeless or bleak.

Looking after yourself

Supporting someone who is feeling suicidal can take a tremendous amount of energy and time. It can be common to feel burdened and drained by the responsibilities of your support role. You may even feel guilty that you are not doing enough. These are all natural responses to a stressful situation. It is important that you don't face the situation alone. Ensure you take care of yourself and share the responsibility by talking to someone, who may be either:
- a person who is also concerned about or close to the suicidal person, or
- an external person like a friend, colleague or professional (either face to face or over the phone)

Talking to someone outside of the situation, such as a family member or friend, counsellor, or telephone helpline, can be vital in getting you the support you need. It's important to allow yourself a space to talk about how the situation is affecting you, so you can identify and respond to your own needs and develop coping strategies to better manage the situation.

It can also be helpful to ask how much time and energy you can realistically give to the situation. If it begins to take over your life, you can quickly become burnt out and exhausted, which is no help to either yourself or the person you're trying to support.

Slide 32 – Helping a suicidal person (with overlays)

Looking

- If you notice any of the warning signs and are worried about a friend talk about it with them.

Listening

- Make time to listen. Sometimes listening is what the person really needs as it helps to 'let it out'.
- Let them know you are there if they need to talk.

Talking

- Ask them directly about suicide. "You've been really down lately and you haven't been going out for weeks, I'm wondering how you are feeling? I'm wondering if they might seem so bad that you are thinking about killing yourself and if you have made any plans?"
- Talking about suicide gives people a chance to share how they feel and explore what they might need to feel better.
- If you think you said the wrong thing, try again. Let them know you care, that you found it hard to hear, but that you want to help them. You don't need to have all the answers but you can help them to stay safe while they get other support.

Slide 33 – Myths About Suicide

MYTH: Asking someone if they are suicidal will put the idea into a person's head. FACT Asking someone about suicide directly opens up the channels to be able to talk honestly. It will not put the idea into a person's head.

Slide 34 – Helping a suicidal person

Supporting

- Encourage them to talk with someone who can help – their parents, teachers, doctor or a local counsellor. Another great option is beyondblue, Kids Helpline or Lifeline.
- Family, friends and health professionals can make a big difference in helping people stay safe and find positive reasons for living.

Speak Up

- If your friend is joking or talking about suicide, giving possessions away, or saying goodbye then you need to take it seriously. You might tell their parents, partner or trusted adult, or contact emergency services for help.
- Even if you promised not to tell, what's most important is that your friend needs your help to stay safe. You can talk with them another time about why others had to get involved. Suicide is not an easy situation to cope with. It's not your sole responsibility to take care of your friend. It's okay to ask for the support of others.

Take Care of Yourself

- Supporting someone who is suicidal can be confronting and emotionally exhausting.
- Try to find the balance between supporting them and looking after yourself.
- Be clear about your boundaries – telling them they can call you 'any time' might mean that you miss out on much needed

sleep. Know what your limits and boundaries are. If you run yourself into the ground you won't have anything to offer your friend.

- Look after your physical health: eat well, exercise daily and get regular sleep.
- Look after your emotional health too; talk with someone about what is happening. You can respect your friend's privacy but still talk to someone about how it is affecting you and what you should do to help your friend.
- Online and phone support services can also help you in these situations.

Slide 35 – Supporting someone – Common reactions after someone attempts suicide

Discovering that someone you care about has tried to end their life can be a devastating experience. You may initially experience emotions such as shock and denial. Sometimes those close to the suicidal person blame themselves for what has happened, thinking, for example, "if only I'd watched them more closely". The fact that someone close to you or a loved one has attempted suicide is not your fault.
Other common feelings and reactions to the suicide attempt of a loved one include:

Anger: How could they do this to us?
Shame: I have to keep this secret.
Guilt: Didn't I love/watch/listen to them enough?
Fear: Will they try again?
Avoidance: If we pretend this didn't happen, it will go away.
Minimisation: They are just trying to get attention.
Cutting off: This is not my problem – someone else can deal with it.

Slide 36 – Unhelpful reactions to a suicide attempt

It is important for you to be aware of your own feelings, and avoid reacting in ways that could block communication or cause your loved one to react angrily or withdraw. Unhelpful responses include:
Panicking: “This can’t be happening. I don’t know what to do – what do we do?”
Name-calling: “You’re a real psycho.”
Criticising: “That was such a stupid thing to do.”
Preaching or lecturing: “You know you shouldn’t have done that; you should’ve asked for help.”
Ignoring: “If I just pretend this didn’t happen, it’ll go away.”
Abandoning the person: “I can’t take this, I have to leave.”
Punishing the person: “I’m not talking to them until they straighten themselves out.”
Dramatising: “This is the worst possible thing you could have done!”
Simplifying things or using a 'quick-fix' approach: “You just need some medication, and then you’ll feel yourself again.”
Being angry or offended: “I can’t believe you’d try that!”
Making the person feel guilty or selfish: “How did you think this would make me feel?”

Slide 37 – What to say to someone who has attempted suicide

Often people report that they find it difficult to support someone who has attempted suicide because they feel they don’t know what to say. It can be hard to find the right words when you’re feeling overwhelmed and emotional yourself. Create a ‘safe space,’ where the person feels loved, cared about, accepted, supported and understood. Letting the person know you support them, and asking open-ended questions, can help to open the lines of communication.
The following suggestions may serve as prompts:

I'm sorry you've been feeling so awful. I'm so glad you're still here.
I'm here for you. Remember that you can always talk to me if you need to.
I want to help you. Tell me what I can do to support you.

Slide 38 – Myths About Suicide

MYTH: A sudden improvement means everything is getting better and the danger time for the person to complete suicide is over. FACT It could be the complete opposite. It could mean that the person has made a final decision to complete suicide and feels better because of being closer to ending the pain.

Slide 39 – Who You Are Makes a Difference

A teacher in New York decided to honour each of her seniors in high school by telling them the difference they each made. Using a process developed by Helice Bridges of Del Mar, California, she called each student to the front of the class, one at a time. First she told them how the student made a difference to her and the class. Then she presented each of them with a yellow ribbon imprinted with black letters that read, "Who I Am Makes a Difference."

Afterwards the teacher decided to do a class project to see what kind of impact recognition would have on a community. She gave each of the students three more ribbons and instructed them to go out and spread this Acknowledgment Ceremony. Then they were to follow up on the results, see who honoured whom and report back to the class in about a week.

One of the boys in the class went to a junior executive in a nearby company and honoured him for helping him with his career planning. He gave him a yellow ribbon and put it on his

shirt. Then he gave him two extra ribbons, and said, "We're doing a class project on recognition, and we'd like you to go out, find somebody to honour, give them a yellow ribbon, then give them the extra yellow ribbon so they can acknowledge a third person to keep this Acknowledgment Ceremony going. Then please report back to me and tell me what happened."

Later that day the junior executive went in to see his boss, who had been noted as being kind of a grouchy fellow. He sat his boss down and he told him that he deeply admired him for being a creative genius. The boss seemed very surprised. The junior executive asked him if he would accept the gift of the yellow ribbon and would he give him permission to put it on him.

His surprised boss said, "Well, sure."

The junior executive took the yellow ribbon and placed it right on his boss's jacket above his heart. As he gave him the last extra ribbon, he said, "Would you do me a favour? Would you take this extra ribbon and pass it on by honouring somebody else? The young boy who first gave me the ribbons is doing a project in school, and we want to keep this recognition ceremony going and find out how it affects people."

Slide overlay (Graphic)

That night the boss came home to his 14-year-old son and sat him down. He said, "The most incredible thing happened to me today. I was in my office and one of the junior executives came in and told me he admired me and gave me a yellow ribbon for being a creative genius. Imagine! He thinks I'm a creative genius! Then he put this yellow ribbon that says 'Who I Am Makes A Difference' on my jacket above my heart. He gave me an extra ribbon and asked me to find somebody else to honour."

"As I was driving home tonight, I started thinking about whom I would honour with this ribbon, and I thought about you. I want to honour you. My days are really hectic, and when I come home, I don't pay a lot of attention to you. Sometimes I scream at you for not getting good enough grades in school and for your bedroom being a mess, but somehow tonight, I just wanted to sit here and let you know that you do make a difference to me. Besides your mother, you are the most important person in my life. You're a great kid and I love you."

The startled boy started to sob and sob, and he couldn't stop crying. His whole body shook. He looked up at his father and said through his tears, "I was planning on committing suicide tomorrow, Dad, because I didn't think you loved me. Now I don't need to."

Now I have here some yellow paper ribbons for each of you with the words "Who I Am Makes a Difference". These are for you to take home and use to affirm someone today. It could make all the difference in the world – you never know, you might just prevent a suicide.

Summary

Many people think about suicide when things seem impossible or like there is no way out. Most people find a way to shift their thoughts from this sense of hopelessness and despair to thoughts about their future. They make small changes each day to how they think, who they spend time with and what they do. It is about refocusing their thoughts on what they can change, and moving on from the things that they cannot.

If you have thoughts about suicide talk to someone about it – support is available. If you know someone who is thinking about suicide, talk about it with them. Keeping safe is the first

priority and from there you can support them to find the help they need.

Slide 40 – Question time

Just a reminder that we have a survey form to be left in the box at the back.
Are there any questions?

Slide 41 – Blank slide

Slide 42 – How to support someone who has attempted suicide (Summary)

Let’s just summarise some of the things we have learned in this last section…
Be available and let the person know you will listen. It is vital to create a 'safe space' for the person to talk – this helps to build or re-establish trust between you and the person you are concerned about.
Try to understand the feelings and perspective of the person before exploring solutions together.
It may be advisable to remove possible means to suicide, including drugs and alcohol, to keep the person safe.
Support the person in exploring and developing realistic plans and solutions to deal with their emotional pain. In order to let go of suicide as a solution, they will need to see real changes in their life. It is usually a case of making small steps in the beginning, as the person's difficulties haven't been created overnight.
It is important for the suicidal person to assume as much responsibility as possible for their own welfare as they are capable of at that time. This might be difficult for you to consider, as you might not feel able to trust your loved one at the moment.

Enlist the help of others and make sure you get family and friends to assist you to support the person.
Remember that you do not have to fill the role of counsellor, psychiatrist or doctor yourself. Encourage your loved one to utilise the professional supports available to them.
Consider assisting the person to write a safety plan that will detail the steps they need to take to keep themselves safe if they feel suicidal. Having a concrete plan in place may help both of you feel more prepared and in control about the possibility of future suicidal thoughts.

Telling other people about the suicide attempt
Unfortunately, there is still a degree of stigma surrounding suicide. This may make it difficult to talk about your loved one's suicide attempt, as you may fear that you or they will be judged or criticised.
It is important to remember that it is up to you who you choose to tell about the situation, and how much you reveal to them. You may find it helpful to prepare something to say when asked about the suicide attempt, such as a simple: 'yes, it's a difficult time for us, but we're getting him/her the support he/she needs.' Speaking to people who have also been in similar situations, such as through a carers' support group, may offer you a source of non-judgemental support and understanding.

Looking after yourself
(We've already mentioned this a number of times.)

Supplements to
Suicide Awareness Seminar
2014 (.ppt) version

Slide 44 – Supplement: Have you been bereaved by suicide?

It was a hot day--Tuesday, July 20, 1993, in Washington, D.C.--as Vincent Foster sat in the Rose Garden. That morning he watched as President Clinton announced his new FBI director. Foster returned to his White House Counsel's office after the ceremony. He took care of some legal business, then talked with President Clinton, his boyhood friend, for a few moments. He ate lunch that day at his desk.

A little after one o'clock, Foster left the office, telling his staff he would return. He pulled his Honda Accord onto the streets of Washington, D.C., and drove to a little-visited national park on a bluff overlooking the Potomac River. He got out, leaving his suit coat in the car. In his hand was an antique, .38-caliber revolver. He walked across an open field. Standing beside a cannon pointing out over the woods, Vincent Foster took his own life.

When President Clinton heard the news, he called together his staff to console them on the loss of someone that they all loved. Then President Clinton said these words: "It would be wrong to define a life like Vincent Foster's in terms only of how it ended."

Clinton was right in one sense. But the sad fact is that no matter how much Vincent Foster's friends, family, colleagues, and workmates try to put the end of his life out of their minds, how his life ended will always overshadow his memory. Because how a life, a ministry, a job, or a relationship ends defines and colours all that goes before it.

Bereavement after a suicide can often be very complicated. In addition to grief, people bereaved by suicide can experience shock, guilt, anger and social isolation. Because the death may have been sudden or unanticipated, it can be particularly traumatic and painful for those who were close to the person. As well as the combination of emotions, you may find yourself preoccupied with finding an explanation why the person chose to end their life. Unfortunately, it is often true that you may never really know what was going through the person's head at that time, and may be left without an explanation. This can make grief more complex and draining. The search for an explanation of the suicide can often bring up thoughts and questions about your relationship with the person, and can even amplify your loss.

Overlay: Understanding the grieving process after a suicide
Everyone will experience bereavement after a suicide differently, but often it will mean that you make some changes in your life, relationships, and your view of yourself. As the grieving process unfolds, people will often begin to concentrate more on their life's meaning or purpose, and their own hopes, beliefs and plans for the future.

Grief is not a sign that you aren't coping. Instead, it is a normal part of the process of healing. It is often the case that the grief will wax and wane in intensity, with emotional times alternating with short times of relief.

Shock
Learning that someone has completed suicide can be incredibly shocking or hard to believe. The initial feeling of shock can be very intense, particularly if you were the one to find the body. You may find that you are haunted by images of the death – either real or reconstructed in your mind. It is natural for the

mind to revisit these upsetting and harrowing scenes and the feelings they bring up.

The reaction of shock and disbelief that comes with the news of a suicide can be extremely strong. It can manifest itself physically, with symptoms like tremors, upset stomach or stomach pains, trouble sleeping, breathlessness or pain in the chest. These are natural physical reactions to intense emotional or psychological pressure. If you are finding the symptoms problematic, it is advisable that you seek medical help.

Disbelief

It can be a huge struggle to come to terms with the death of someone close to you. People bereaved by suicide sometimes find themselves expecting the person to show up or phone them. They may feel as though they are in a dream state. Research has suggested that the disbelief experienced in the early stages of grief is a natural protective response, which lessens as the person begins to adjust to and come to terms with their loss.

Why did this happen?

Even if you knew that the person was struggling emotionally before their death, it is very difficult to come to terms with their decision to take their own life. Not fully understanding why they did it can be one of the hardest parts of a bereavement following suicide.

Because you may never truly find a satisfactory answer to why the person completed suicide, it can become a repetitive or circular thought pattern that can be very troubling. If you find yourself struggling with these thoughts, you may wish to see a counsellor or psychologist, where you can talk them through and discuss coping strategies.

Guilt

It is common to feel guilty when someone close to you has completed suicide. You may feel responsible for the death in some way, as if you should have anticipated it, or intervened to prevent it. You may be worried that you didn't realise or pick up on any signs that they were suicidal.

It's important to remind yourself that a person's pain or struggles may well be more obvious in hindsight, and you based the support that you offered them on your understanding of their situation at the time. Remember that it was solely their decision to take their own life, based on their own interpretation of their situation.

Anger

Another emotion that may arise in the grieving process is anger. You may feel angry with the deceased person because they 'gave up,' leaving you with so much pain and confusion to deal with. You may feel angry with people you believe could have prevented the suicide, such as a relative or professional. You may be angry with yourself for not doing more.

It can help to find a release for your anger such as talking to a trusted friend or professional, or taking up a physical activity to alleviate suppressed anger.

Shame

Unfortunately there is still stigma attached to suicide. You may be worried that you or the deceased will be judged because of the suicide. You may feel ashamed or worried about what to tell people.

Coming to accept the person's choice to complete suicide can help with feelings of shame, as can talking to others who share this acceptance.

(Include info on biblical concepts if appropriate)

Slide 45 – Supplement: Supporting children bereaved by suicide

Speaking to a child about suicide can be very confronting and worrying. The following information has been designed to provide guidance and practical advice for supporting a child bereaved by suicide.

Grief

Children tend to grieve differently from adults, often expressing their emotions in their behaviour and play.
You may notice that the child regresses to earlier behaviours like wetting the bed, thumb sucking, clinginess or fussiness. They may be disruptive or demanding of your attention. You may also see aspects of the child's grief manifesting in their play, with repetitive games and stories, perhaps with themes of death or violence, being common.

These expressions of grief are a common part of the bereavement process for any child.

Talking about suicide

Talking to a child about the death can be a very daunting task. The following are some strategies to keep in mind when preparing for the conversation:
You will generally be able to choose an appropriate time to talk about the death with your child. Pay attention to their behaviour and play, as they may provide cues or natural opportunities to begin the conversation.
Make sure you have the conversation in a safe, comfortable space without distractions.
It's generally best to speak to the child as soon as possible. If it's obvious that they're not ready or don't want to talk, don't force it – gently let them know you're available to talk when they're ready.

It can be helpful, if you feel it appropriate, to have a limited one-sided conversation, where the child is invited, but not required to participate. Run through what you would like them to know, perhaps the facts about the death, or how you or other family members are feeling at the moment. With time, the child can become a more active participant in future conversations as they begin to understand more about the death.
Children may wonder or believe that they were responsible for the death in some way, and may feel guilty. Emphasise that the child did not cause the death.
If you are unsure or worried about speaking to a child about a suicide, seek advice. You may wish to seek counselling, either face-to-face or via SuicideLine.

Using age-appropriate language
It is important that the child understands what caused the death. Be honest, on a level that they can understand. Avoid details which may distress them.
Young children may be confused about the word 'suicide'. If this is the case, you may wish to say that the person 'killed themselves' or 'made their body stop working'. Steer clear of phrases like 'left us' or 'went to sleep,' as they can provoke anxiety around sleeping or being abandoned.
Particularly with a younger child, ask what they think being dead or suicide mean – you are then able to talk through any confusion or misunderstandings they may have.
Telling the truth about the death

It helps to be as honest about the death as is appropriate for the child's age. The truth about the circumstances of the death will inevitably come out, and it is better that the child be told in a safe space by a trustworthy adult.
If you've already told a different story to your child, it's not too late to correct this. You could explain to them that sometimes it's difficult for adults to talk to children about

death, and you weren't sure how to tell them about it. By apologising and talking honestly about the death, you are showing them, by example, the importance of telling the truth.

Copycat behaviour

After a suicide death it is common for parents or carers to worry that their children will imitate suicidal behaviour. Again, this is a chance to speak openly to your child, letting them know that the person that died was feeling very upset and unhappy. Reassure them that suicide is not common, but that sometimes people find it difficult to talk about their problems and can become very troubled and confused.

Explain to the child that ups and downs are part of life, but that it's important that they talk about their own emotions if they're feeling upset or troubled. It may be helpful to talk to the child about people in their life that they could talk to if they are feeling unhappy, such as a teacher, relative, family friend or other trusted adult.

The funeral or memorial service

The funeral, viewing or memorial service are an important way for friends and family, including children, to express grief, remember their loved one, and say goodbye. It is vital that the child is made to feel a part of this process. Look for ways that they can be involved in the service, perhaps by choosing a song or a reading, drawing a picture or writing about their memories of the person.

Particularly if this is the first time the child has attended a funeral, it can be helpful to talk to them about what to expect. Before you attend, make time to discuss what will happen, who will be there and where it will be. You may emphasise that it is a reflective and sad time, so people may be upset or crying – this will help them be prepared for what the service might be like.

The importance of memories

Memories are important both to help the child remember the person who died and their relationship, and also as part of the child's grieving process.

Children may find it helpful to use creative activities to help with this process. You could look at photos or create a scrapbook with them, make a drawing or painting or plant a tree. Another useful tool is a memory box or book, with photos, written memories, poems, songs, drawings and other mementos. You and your child can look back over these to help with your grief and keep the memory of the person alive.

Going back to school after the death

Before it's time for your child to go back to school, contact their teachers or counsellors to explain to them the circumstances of the death – don't assume they already know. Keep in contact with the school to inform them of anniversary dates or other stressful times.

It may also be helpful to rehearse with the child what they will say to their friends or teachers, so they are better prepared.

At home

It is critical that children's daily routines are kept intact throughout this stressful time. Adhering to as normal a routine as possible is vital for a child to feel secure and cared for. Let them know that they are loved and will be kept safe. Reassure them too that they don't have to feel sad all the time – it's okay for them to play, laugh and feel happy.

Looking after yourself when supporting a child

Supporting a child when you may be grieving yourself can be an incredibly overwhelming and draining process. It is very important that you look after yourself and have adequate support around you to help you through this difficult time.

Close family and friends, or professionals like counsellors or psychologists, can be invaluable during this time.

Slide 46 - Blank

Supplementary section – Ten Commandments of Effective Listening

Slide 47: 1.Stop talking!
You cannot listen when you are talking. You will only be thinking about what you are going to say next instead of paying attention to what the other person is trying to say. Consciously focus your attention on the speaker.

Slide 48: 2.Put the speaker at ease: Relax, smile, look at the speaker and help that person feel free to talk. Look and act interested. Remove distractions: turn off the TV; close the door; stop what you are doing, and pay attention.

Slide 49: 3. Pay attention to the nonverbal language of physical gestures, facial expressions, tone of voice, and body posture. There is always great debate, but one authority on nonverbal language says that 55 percent of the message meaning is nonverbal, 38 percent is indicated by tone of voice, and only 7 percent is conveyed by the words used in a spoken message. Few people know how to listen to the eyes; what a tapping foot means; a furrowed brow; clenched fist; the biting of nails. These often reveal the key feelings behind the words.

Slide 50: 4.Listen for what is not said. Ask questions to clarify the meaning of words and the feelings involved, or ask the speaker to enlarge on the statement. People often find it difficult to speak up about matters or experiences that are very important or highly emotional for them. Listen for how the speaker presents the message. What people hesitate to say is often the most critical point.

Slide 51: 5. Know exactly what the other person is saying. Reflect back what the other person has said in a "shared meaning" experience so you completely understand the meaning and content of the message before you reply to it. A good listener does not assume they understand the other person. You, as the listener, should not express your views until you have summarized the speaker's message to his satisfaction.

Slide 52: 6.Be aware of "tune out" words. These are words that appear in the media that strike an emotional chord in the listener and interferes with attentive listening (e.g. abortion, nuclear war, communism, homosexuality). Avoid arguing mentally. Listen to understand, not to oppose.

Slide 53: 7. Concentrate on "hidden" emotional meanings. What are the real feelings behind the words? What is the tone of voice saying? What does the emphasis on certain words mean? Notice how the meaning of the following question is changed when you change the emphasis from one word to the next. **What** do you want? What **do** you want? What do **you** want? What do you **want**?

Slide 54: 8. Be patient. Don't interrupt the speaker. This is disrespectful and suggests you want to talk instead of listen. Allow plenty of time for the speaker to convey ideas and meaning. Be courteous and give the speaker adequate time to present the full message.

Slide 55: 9. Hold your temper! Try to keep your own emotions from interfering with your listening efficiency. When emotions are high, there is a tendency to tune out the speaker, become defensive, or want to give advice. You don't have to

agree to be a good listener. Don't argue! Even if you win, you lose.

Slide 56: 10. Empathize with the speaker. Try to "walk in the other's moccasins" so you can feel what that person is feeling and understand the point of view the speaker is trying to convey.

Slide 57: Blank

No Slide Yet – Relaxation techniques to help with suicidal feelings

It can be helpful to educate yourself about other coping strategies, such as relaxation techniques. There are various techniques that can help to reduce feelings of distress. There are a range of books or reputable websites available where you can learn more about these, but here are some examples to get you started.

Breathing exercises

Find a comfortable position. Focus on something in the room or close your eyes. Breathe in slowly through your nose, hold the breath for a few counts, and then breathe out slowly through your mouth. Hold your breath again for a few counts, and then repeat the process until you feel a little calmer.

Practicing mindfulness

Instead of trying to stop your distressing feelings or thoughts, try simply recognising and accepting them without judgement. Remember that you experience a whole range of thoughts and feelings apart from the ones you're dealing with at the moment. Remind yourself that feelings and thoughts are temporary and will pass.

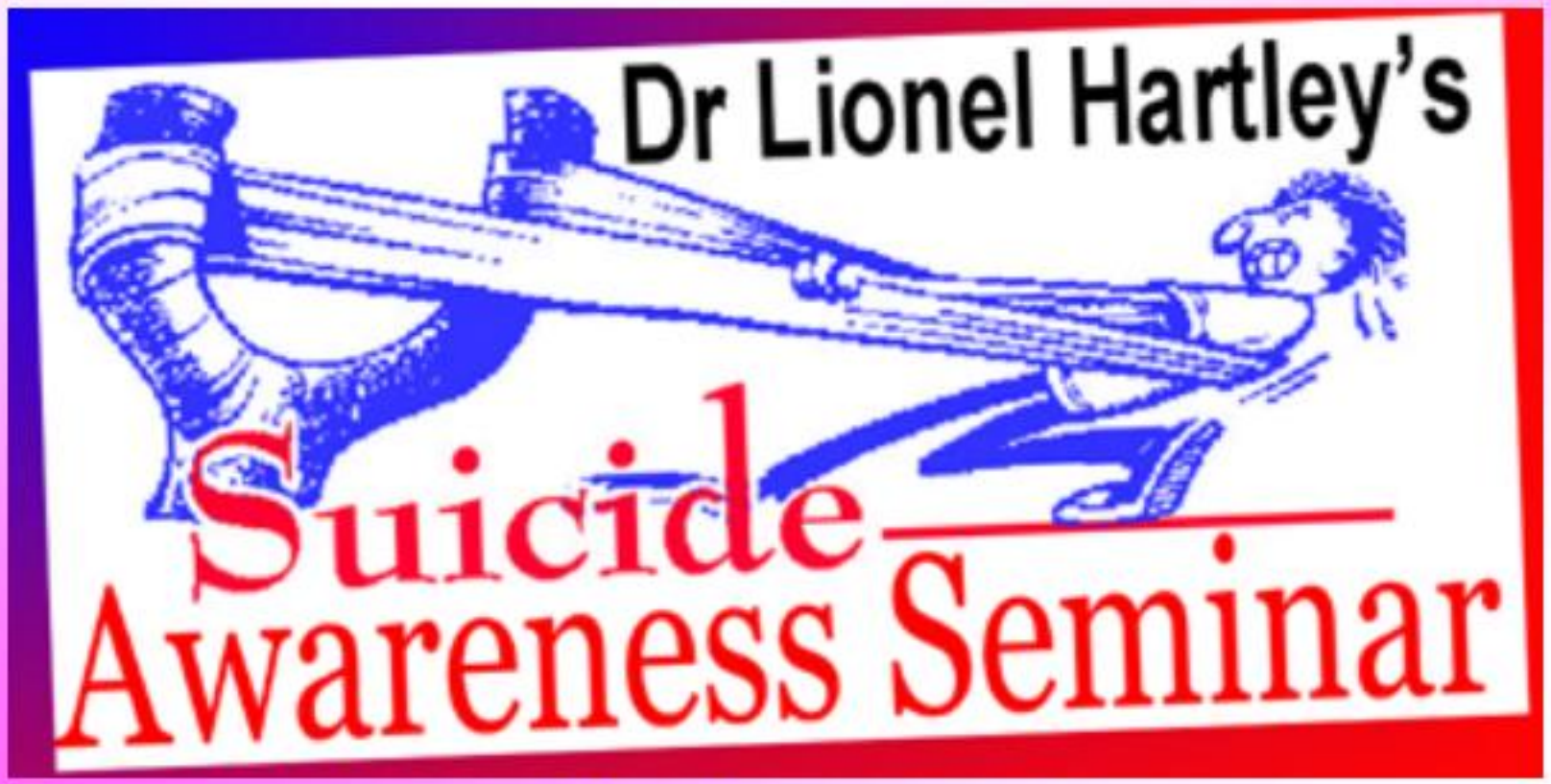
Progressive muscle relaxation
Lying down or reclining in a chair, begin by breathing slowly. Starting with your feet and working your way up your body, tense each group of muscles for 10 seconds, then release them for 15 seconds.

Supplementary story:
One day, when I was a freshman in high school, I saw a kid from my class was walking home from school. His name was Kyle. It looked like he was carrying all of his books. I thought to myself, "Why would anyone bring home all his books on a Friday? He must really be a nerd." I had quite a weekend planned (parties and a football game with my friends tomorrow afternoon), so I shrugged my shoulders and went on. As I was walking, I saw a bunch of kids running toward him. They ran at him, knocking all his books out of his arms and tripping him so he landed in the dirt. His glasses went flying, and I saw them land in the grass about ten feet from him. He looked up and I saw this terrible sadness in his eyes My heart went out to him. So, I jogged over to him and as he crawled around looking for his glasses, and I saw a tear in his eye. As I handed him his glasses, I said, "Those guys are jerks. " They really should get lives. " He looked at me and said, "Hey thanks!" There was a big smile on his face.
It was one of those smiles that showed real gratitude. I helped him pick up his books, and asked him where he lived. As it turned out, he lived near me, so I asked him why I had never seen him before. He said he had gone to private school before now. I would have never hung out with a private school kid before. We talked all the way home, and I carried some of his books. He turned out to be a pretty cool kid.I asked him if he wanted to play a little football with my friends He said yes. We hung out all weekend and the more I got to know Kyle, the more I liked him, and my friends thought the same of him. Monday morning came, and there was Kyle with the huge

stack of books again. I stopped him and said, "Boy, you are gonna really build some serious muscles with this pile of books everyday! "He just laughed and handed me half the books.
Over the next four years, Kyle and I became best friends. When we were seniors, we began to think about college. Kyle decided on Georgetown, and I was going to Duke. I knew that we would always be friends, that the miles would never be a problem. He was going to be a doctor, and I was going for business on a football scholarship. Kyle was valedictorian of our class. I teased him all the time about being a nerd. He had to prepare a speech for graduation. I was so glad it wasn't me having to get up there and speak Graduation day, I saw Kyle. He looked great. He was one of those guys that really found himself during high school. He filled out and actually looked good in glasses. He had more dates than I had and all the girls loved him. Boy, sometimes I was jealous. Today was one of those days. I could see that he was nervous about his speech. So, I smacked him on the back and said, "Hey, big guy, you'-be great!" He looked at me with one of those looks (the really grateful one) and smiled. "Thanks," he said.
As he started his speech, he cleared his throat, and began "Graduation is a time to thank those who helped you make it through those tough years. Your parents, your teachers, your siblings, maybe a coach...but mostly your friends... I am here to tell all of you that being a friend to someone is the best gift you can give them.
I am going to tell you a story." I just looked at my friend with disbelief as he told the story of the first day we met. He had planned to kill himself over the weekend. He talked of how he had cleaned out his locker so his Mom wouldn't have to do it later and was carrying his stuff home. He looked hard at me and gave me a little smile. "Thankfully, I was saved. My friend saved me from doing the unspeakable." I heard the gasp go through the crowd as this handsome, popular boy told us all about his weakest moment. I saw his Mom and dad looking at

me and smiling that same grateful smile. Not until that moment did I realise its depth. Never underestimate the power of your actions. With one small gesture you can change a person's life. For better or for worse.
-- Attributed to M. Whithers.

Welcome



— www.lrhartley.com/suicide —

Who is your seminar author?

Lionel Hartley, author, radio broadcaster, public speaker and retired sociologist.
He was a Lifestyle Educator and Family-life Counsellor for three decades.
He is a grandparent, married to Rosemary with three grown children.

We welcome your participation in today's seminar.

Lionel D C Hartley, DipAdmin(NZIM), HonDip (DramArt), DipTheol (SDB), RGN (Psy,PsyPaed, Admin,Nutn), BA (Lit), MA, PhD (Pelman) [etc.]

www.hartleyonline.blogspot.com

From the author's case-files…

Why does suicide happen?

- Related to their mood
- What has happened in the past
- What is happening currently in their lives
- How they are coping
- How supported and connected they feel

Knowing the signs

- ⚠ **Words**
- ⚠ **Changes in behaviour**
- ⚠ **Change in mood**

Suicide remains the most common cause of death in men aged under 35
20%
of people suffer symptoms of depression
By 2020, depression will be the world's second most disabling condition

Knowing the signs

How they might feel

- Sad, angry, ashamed, rejected, desperate, lonely, irritable, overly happy or exhausted
- Trapped and helpless
- Worthless or hopeless
- Guilty

Knowing the signs

What they might be doing

- Spending less time with family and friends
- Isolating themselves, pushing people away
- Talking or writing about death, dying or suicide
- Giving away possessions
- Stopping doing things that they previously enjoyed
- Increasing alcohol and/or drug use
- Living dangerously
- Reckless regard for health

Knowing the signs

What they might say

- "They'd be better off without me."
- "I just don't fit in anywhere."
- "What is the point?"
- "I just can't take this anymore."
- "Soon you won't have to worry about me"
- "Nothing I do makes a bit of difference"
- "If I died no one would miss me."
- "I just want to go to sleep and never wake up,"
- "I just want out"

Risk Factors for Suicide

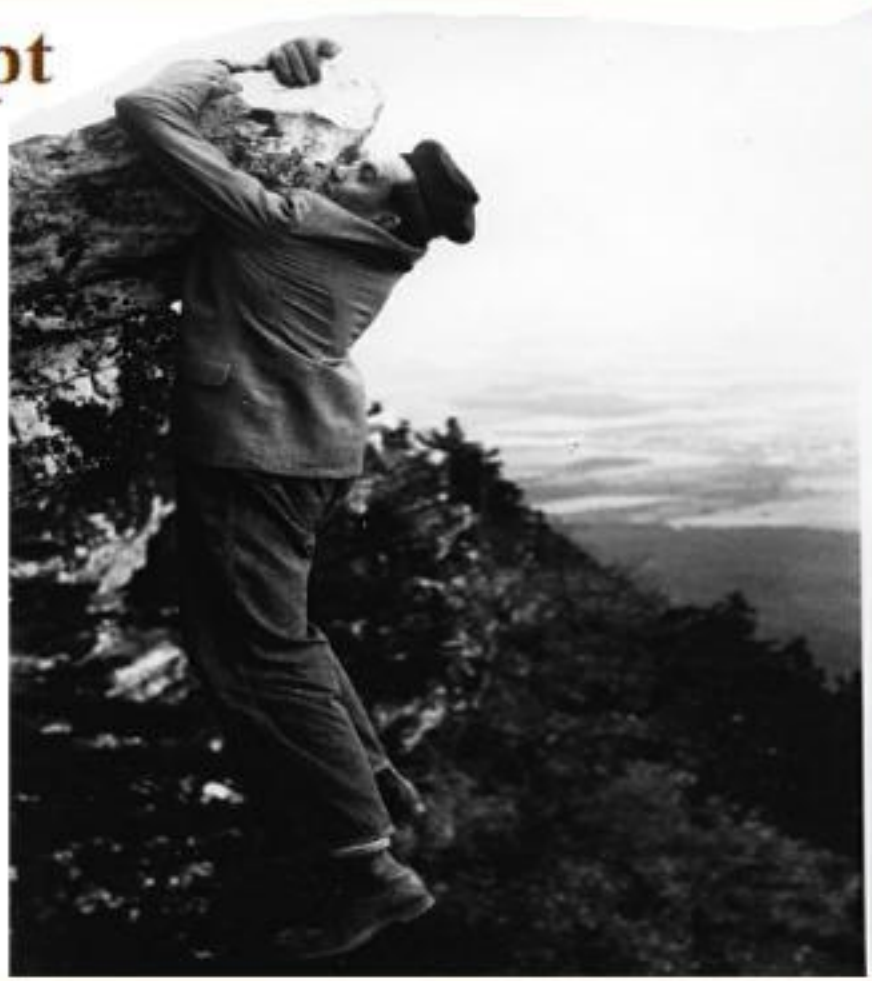
- Diagnosis of depression
- Previous suicide attempt
- Family history of suicide
- Loss of job, home, money
- Death or terminal illness of a loved one
- Divorce or loss of major, significant relationship

Suicide Attempts

A nonfatal suicide attempt

Suicide happens among the socially isolated;

Attempted suicide among the socially involved.



If you are suicidal

Having suicidal thoughts can be scary…

Myths About Suicide

- **MYTH: People who talk about suicide just want attention.**

- **FACT: Talking about suicide is a warning sign. Warning signs should be listened to.**

If you are suicidal

Let someone know

- ✓ Share how you feel with someone
- ✓ Think about it as any other conversation
- ✓ Be prepared for their reaction
- ✓ Ask for help to find support
- ✓ Understand that others do care

Myths About Suicide

- **MYTH: People who attempt suicide and survive never try again.**

- **FACT: Many people who complete suicide have attempted in the past – in fact this is a serious sign that a person may try again.**

If you are suicidal

Stay safe

- ✓ Thoughts of suicide are just thoughts
- ✓ Postpone any decisions to end your life
- ✓ Remove anything you might use to harm yourself
- ✓ Keep crisis line numbers handy
- ✓ Avoid being alone
- ✓ Avoid drugs and alcohol
- ✓ Decrease stress

If you are suicidal

Find what works for you

- ✓ Set yourself some tasks to do on a day to day basis
- ✓ Reward yourself as you achieve small goals
- ✓ Learn about different coping strategies
- ✓ Do some physical exercise every day
- ✓ Make a safety plan
- ✓ Think about who you can contact
- ✓ Consider an exercise accountability buddy
- ✓ Notice the times that you feel a bit better

If you are suicidal

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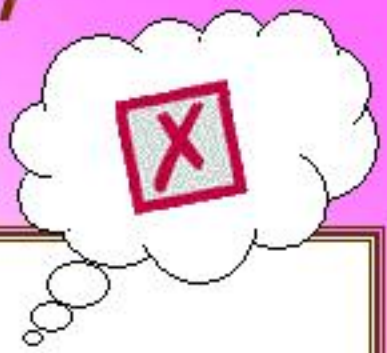
- ✓Notice the times that you feel a bit better

- ✓ **Do things regularly that you enjoy**
- ✓ **Get support from a health professional**
- ✓ **Challenge how you think about things**

If you are suicidal



Unhelpful thinking:

- **What is the point? Things are never going to get any better**
- **Nothing I do makes a bit of difference, no one can help me**
- **That was a disaster. Nothing ever works out for me**
- **It's never going to work**

If you are suicidal

Helpful thinking:

- ☑ **Is this situation as bad as I am making it out to be?**
- ☑ **I don't think that went very well, but I guess I could try again**
- ☑ **I wish that hadn't happened, but it has, so I just have to accept it**
- ☑ **Is there something I can learn from this situation, to help me do better next time?**

Self-help for suicidal feelings

Myths About Suicide

- **MYTH: If a person wants to complete suicide nothing can stop it happening.**

- **FACT: The suicidal person rarely wants to die, what is wanted is for the pain to stop.**

Self-help for suicidal feelings

- ✓ Past coping strategies
- ✓ Past positive Feelings
- ✓ Concentrate on the present.
- ✓ Plan - break up your day
- ✓ Distractions and stress relievers

- ✓ Re-connecting: spirituality, social service, a vocation
- ✓ Treat yourself to a small thing you ordinarily enjoy
- ✓ Look after your physical health
- ✓ Develop a suicide safety plan

Your suicide safety plan

- ✓ Work with the people around you
- ✓ Try to find a time when your mind is clearer
- ✓ Write it down and keep it handy
- ✓ Your suicide safety plan should include:
  - Information about when to use the plan
  - Things that you can do that help you feel calm and comforted
  - A list of all your reasons for living
  - People you can talk to when you're feeling suicidal
  - Professionals who you can talk to if you need to
  - A plan of how you can make your environment safe
  - Emergency contact details

- ✓ Make a commitment to your safety plan

Myths About Suicide

- **MYTH: If you promise to keep someone's suicide plans a secret, you should always keep that promise.**
- **FACT: You should never promise to keep suicide plans a secret.**
- **Telling you about the plan can be a cry for help.**

Recovering from a suicide attempt

- ✓ **Reasons for living**

Progressive Relaxation Handout
Case-sensitive Password: **relax05**

- ✓ **Managing suicidal thoughts**

Recovering from suicidal feelings is possible

- ✓ **Make a suicide safety plan**
- ✓ **Keep a list of support services**
- ✓ **Learn your triggers**
- ✓ **Practice relaxation techniques**
- ✓ **Stress relievers & distractions**

Suicide Awareness Seminar

Self care after a suicide attempt

- ✓ **Establish a routine**
- ✓ **Eat well**
- ✓ **Try to sleep well**
- ✓ **Exercise**
- ✓ **Get help if needed**
- ✓ **Contact a crisis help line**
- ✓ **Reach out to family or a friend**
- ✓ **Remember, there is hope.**

Progressive Relaxation Handout
Case-sensitive Password: **relax05**

There is hope. Recovery may take time, but it is possible.

Myths About Suicide

- **MYTH: The only people that can really help are psychiatrists.**

- **FACT: There are many people who can help.**
- **Most important are family and friends.**

- **To help a friend in distress:**

www.mend-a-friend.com

Being a friend

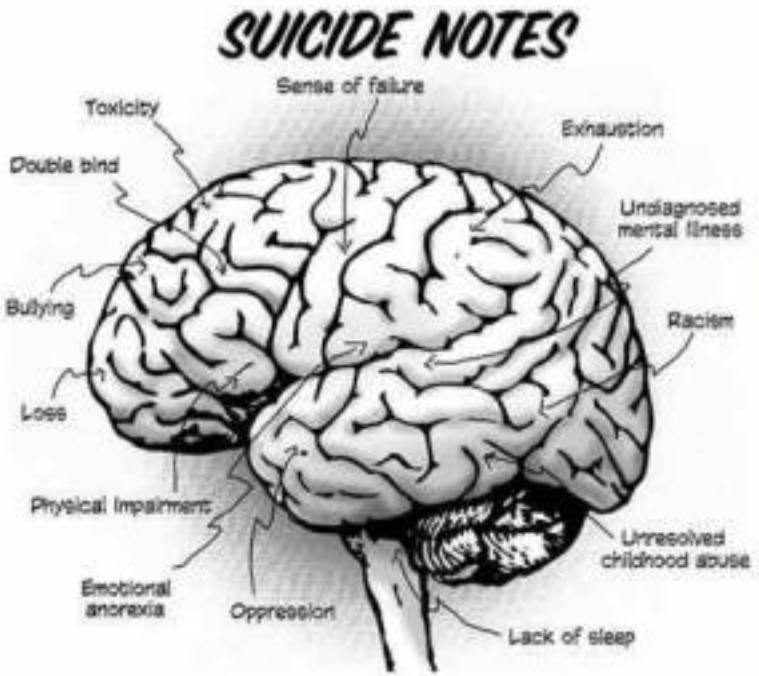
A suicide attempt affects the entire family

Myths About Suicide

- **MYTH: Most suicidal people never ask for help. The suicide happens without warning.**
- **FACT: Many suicidal people ask for help from friends or see their doctor before attempting suicide.**
- **They may not ask for help directly but a person who recognises the warning signs is more likely to able to help.**

Being a friend

The suicidal crisis - a psychological injury



Being a friend

Are you to blame?

Being a friend

Helping a suicidal person

- ✓ Looking
- ✓ Listening
- ✓ Talking

Myths About Suicide

- **MYTH: Asking someone if they are suicidal will put the idea into a person's head.**

- **FACT: Asking someone about suicide directly opens up the channels to be able to talk honestly.**
- **It will not put the idea into a person's head.**

Being a friend

Helping a suicidal person

- ✓ Looking
- ✓ Listening
- ✓ Talking
- ✓ **Supporting**
- ✓ **Speak up**
- ✓ **Take care of yourself**

Being a friend

Common reactions after someone attempts suicide

- ✓ Anger
- ✓ Shame
- ✓ Guilt
- ✓ Fear
- ✓ Avoidance
- ✓ Minimisation
- ✓ Cutting off

Being a friend

Unhelpful reactions to suicide attempt

- Panicking
- Name-calling
- Criticising
- Preaching or lecturing
- Ignoring
- Abandoning the person
- Punishing the person

- Dramatising
- Simplifying things or using a 'quick-fix' approach
- Being angry or offended
- Making the person feel guilty or selfish

Being a friend

Helpful things to say...

"I'm sorry you've been feeling so awful. I'm so glad you're still here."

"I'm here for you. Remember that you can always talk to me if you need to."

"I want to help you. Tell me what I can do to support you."

Myths About Suicide

- **MYTH: A sudden improvement means everything is getting better and the danger time for the person to complete suicide is over.**

- **FACT: It could be the complete opposite. It could mean that the person has made a final decision to complete suicide and feels better because of being closer to ending the pain.**

Being a friend

Who I Am Makes a Difference

Summary

How to support someone who has attempted suicide

- ✓ Be available and let the person know you will listen.
- ✓ Try to understand their feelings and perspectives
- ✓ Keep the person safe
- ✓ Support in exploring and developing plans/solutions
- ✓ Enlist the help of others
- ✓ Consider assisting the person to write a safety plan
- ✓ Plan how to tell other people about the suicide attempt
- ✓ Look after yourself

Question Time

Remember survey form

"If I walk in darkness without one ray of light let me trust the Lord, let me rely upon God."
Isaiah 50:10

Suicide
Awareness Seminar

Fill in this Safety Plan with precise details that are relevant to you for each step, then keep it somewhere where you can access it easily when you need it.

If I am feeling overwhelmed and in danger of acting on suicidal thoughts, I will do the following:	
1. I will make a deal with myself not to act on this immediately and to follow my Safety Plan to reduce the risk of acting on these thoughts. *(Write a clear statement using 'I' that you can read and repeat to yourself: eg. "I will help the bit of me that does want to survive." "I will give myself time to try to take care of myself and help myself feel a bit better.")*	
2. I will speak to myself with compassion and caring, reminding myself of ways to calm myself down and soothe myself: *(Write down caring things you can say to yourself, thinking about what you might say to a friend who was feeling this bad eg. "It's hard to feel this way – try to be kind to yourself." "These are just thoughts – you don't need to act on them." "Remember your breathing and relaxation techniques.")*	I can say:
3. I will call one of the following people: *(It's a good idea to save these numbers in your phone contacts under a relevant heading like 'Help'. You could also see if one or more of the listed people would agree to keep a copy of your Safety Plan and help talk you through it if necessary)*	Friend: (Number) _____ Parent/relative: (Number) _____ Doctor: (Number) _____ Campus Nightline: (Number) _____ Other: (Number) _____ Other: (Number) _____ Other: (Number) _____
4. I will make myself safe from acting impulsively by: *(Write down what you can do to make it more difficult for you to harm yourself eg. not drinking alcohol or taking any drugs while you are feeling this way, also note who you can give medication stockpiles to, what items should be kept locked away, who you can call in an emergency to help you keep yourself safe.)*	I will _____ I will _____ I will _____ I will _____

5. Other people can help me by: *(Write down reminders of the kind of help you can ask other people for eg. keeping me company or letting me come over, being in touch with me online, taking away dangerous items for safe-keeping)*	
6. I will choose something from my list of self-soothing distractions and focus on it for at least 20 minutes: *(eg. watch TV or a light-hearted DVD; read a book; write in a diary; tidy my room; have a soothing bath; go for a walk with upbeat music on my mp3 player; focus on my breathing or listen to a relaxation or mindfulness mp3; etc* – see www.lrhartley.com/suicide	My self-soothing list: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
7. I will remind myself of my coping statements and what has helped me before: *(Write down one or more coping statements that you can repeat to yourself: eg. "I have survived so far, and I will make a commitment to surviving for another hour/day." "These are just thoughts – I don't have to act on them." "This feeling will pass.")*	
8. If I still feel suicidal and at risk a safe place I can go to is: *(Write down places you may be able to go if you still feel at risk eg. friend who has agreed to be available – check limits to this; halls welfare officer; campus emergency support services; nearest A&E remembering to tell them you feel you are a danger to yourself)*	
9. Any other thoughts of my own that might help me when I'm low: Signed, ...	

tip sheet

Recognising suicide warning signs

www.lrhartley.com/suicide

Someone who is thinking about suicide will usually give some clues or signs to those around them that show they are troubled. Suicide prevention starts with recognising these warning signs and treating them seriously. The following is a list of signs that people might give when they are feeling distraught and overwhelmed, in order to communicate their distress to others. These physical changes and behaviours are indicators that a person might be thinking about suicide. Some of these signs are stronger indicators that a person may be contemplating suicide - these indicators have been **bolded.** It is likely that a suicidal person will display a combination of these signs rather than one single sign.

Physical changes

- Major changes to sleeping patterns – too much or too little
- Loss of energy
- Loss of interest in personal hygiene or appearance
- Loss of interest in sex
- Sudden and extreme changes in eating habits – either loss of appetite or increase in appetite
- Weight gain or loss
- Increase in minor illnesses

Behaviours

- **Alcohol or drug misuse**
- Fighting and/or breaking the law
- Withdrawal from family and friends
- **Quitting activities that were previously important**
- **Prior suicidal behaviour**
- **Self-harming**
- **Putting affairs in order** e.g. giving away possessions, especially those that have special significance for the person
- **Writing a suicide note or goodbye letters to people**
- Uncharacteristic risk-taking or recklessness (e.g. driving recklessly)
- Unexplained crying
- Emotional outbursts

Conversational signs

- No future – *"What's the point? Things are never going to get any better."*
- Guilt – *"It's all my fault, I'm to blame."*
- Escape – *"I can't take this anymore."*
- Alone – *"I'm on my own … no-one cares about me."*
- Damaged – *"I've been irreparably damaged… I'll never be the same again."*
- Helpless – *"Nothing I do makes a bit of difference, it's beyond my control."*
- **Talking about suicide or death**
- **Planning for suicide**

Feelings

- Sadness
- Anger
- Shame
- Desperation
- **Disconnection**
- **Hopelessness**
- Worthlessness
- Powerlessness
- Loneliness
- Isolation

Responding to warning signs

Speak up if you are worried
Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult. But if you're unsure whether someone is suicidal, the best way to find out is to ask.

You might be worried that you might 'put the idea of suicide into the person's head' if you ask about suicide. You can't make a person suicidal by showing your concern. In fact, giving a suicidal person the opportunity to express his or her feelings can give relief from isolation and pent-up negative feelings, and may reduce the risk of a suicide attempt.

How to start a conversation about suicide:

- *"I am worried about you because you haven't seemed yourself lately."*
- *"I have noticed that you have been doing (state behaviour), is everything ok?"*

Questions you can ask:

- *"What can I do to help you?"*
- *"What supports have you called on so far?"*

What you can say that helps:

- *"I want to help you and I am here for you when you want to talk."*

Assess the risk
If someone you know tells you that he or she is thinking about suicide, it is vital to evaluate the risk. People who are at the highest risk in the immediate future have the intention to end their life, a specific plan, the means to carry out the plan and a timeframe.

Go through the following questions with the person:

1. Do you intend to take your life? (INTENTION)
2. Do you have a plan to take your life? (PLAN)
3. Do you have access to the means to carry the plan out? (pills, gun, etc) (MEANS)
4. Do you have a timeframe for taking your life? (TIMEFRAME)

If he or she is at high risk of suicide, seek immediate help by calling 000 (police, ambulance), or with their permission take the person to the emergency department of the nearest hospital.

Know where to go for support

Find out what services are available. This should include local emergency services, community health services and hospitals. Keep a list of contact details and times when the services are available. You can look up local services at **crisissupport.org.au/jigsaw**.

Notes:

Adapted from a resource by SuicideLine, Victoria.

tip sheet

www.lrhartley.com/suicide

Supporting someone after a suicide attempt

Common feelings and reactions

Discovering that someone you care about has tried to end their life can be a devastating experience. You may initially experience emotions such as shock and denial. Sometimes those close to the suicidal person blame themselves for what has happened, thinking, for example, "if only I'd watched them more closely". The fact that someone close to you or a loved one has attempted suicide is not your fault. See tip sheet *I feel like it's my fault.*

Other common feelings and reactions to the suicide attempt of a loved one include:

- **Anger:** How could they do this to us?
- **Shame:** I have to keep this secret.
- **Guilt:** Didn't I love/watch/listen to them enough?
- **Fear:** Will they try again?
- **Avoidance:** If we pretend this didn't happen, it will go away.
- **Minimisation:** They are just trying to get attention.
- **Cutting off:** This is not my problem – someone else can deal with it.

Unhelpful reactions

It is important for you to be aware of your own feelings, and avoid reacting in ways that could block communication or cause your loved one to react angrily or withdraw. Unhelpful responses include:

- **Panicking:** *"This can't be happening. I don't know what to do – what do we do?"*
- **Name-calling:** *"You're a real psycho."*
- **Criticising:** *"That was such a stupid thing to do."*
- **Preaching or lecturing:** *"You know you shouldn't have done that; you should've asked for help."*
- **Ignoring:** *"If I just pretend this didn't happen, it'll go away."*
- **Abandoning the person:** *"I can't take this, I have to leave."*
- **Punishing the person:** *"I'm not talking to them until they straighten themselves out."*
- **Dramatising:** *"This is the worst possible thing you could have done!"*
- **Simplifying things or using a 'quick-fix' approach:** *"You just need some medication, and then you'll feel yourself again."*
- **Being angry or offended:** *"I can't believe you'd try that!"*
- **Making the person feel guilty or selfish:** *"How did you think this would make me feel?"*

What to say

Often people report that they find it difficult to support someone who has attempted suicide because they feel they don't know what to say. It can be hard to find the right words when you're feeling overwhelmed and emotional yourself. Create a 'safe space,' where the person feels loved, cared about, accepted, supported and understood. Letting the person know you support them, and asking open-ended questions, can help to open the lines of communication.

The following suggestions may serve as prompts:

- *"I'm sorry you've been feeling so awful. I'm so glad you're still here."*
- *"I'm here for you. Remember that you can always talk to me if you need to."*
- *"I want to help you. Tell me what I can do to support you."*

Supporting someone

People who attempt suicide and do not receive appropriate care and attention are at high risk of further self-harm. If the person was treated in a hospital or other facility, there is a particularly high risk of relapse in the period after they are discharged.

Most people who attempt suicide can move through this crisis with the help of family and friends and professional support. To maximise the chance of preventing further attempts, it is vital that lines of communication are kept open.

- Be available and let the person know you will listen. It is vital to create a 'safe space' for the person to talk – this helps to build or re-establish trust between you and the person you are concerned about.
- Try to understand the feelings and perspective of the person before exploring solutions together. For further suggestions, see tip sheet *What can I do to help?*
- It may be advisable to remove possible means to suicide, including drugs and alcohol, to keep the person safe.
- Support the person in exploring and developing realistic plans and solutions to deal with their emotional pain. In order to let go of suicide as a solution, they will need to see real changes in their life. It is usually a case of making small steps in the beginning, as the person's difficulties haven't been created overnight.
- It is important for the suicidal person to assume as much responsibility as possible for their own welfare as they are capable of at that time. This might be difficult for you to consider, as you might not feel able to trust your loved one at the moment.
- Enlist the help of others and make sure you get family and friends to assist you to support the person.
- Remember that you do not have to fill the role of counsellor, psychiatrist or doctor yourself. Encourage your loved one to utilise the professional supports available to them.
- Consider assisting the person to write a safety plan (see tip sheet *Helping yourself when you are feeling suicidal*) that will detail the steps they need to take to keep themselves safe if they feel suicidal. Having a concrete plan in place may help both of you feel more prepared and in control about the possibility of future suicidal thoughts.

If you're worried the person might be thinking about or planning for another suicide attempt, see tip sheets *How to help someone in a suicidal crisis*, and *How should I talk to them about it?*

Telling other people

Unfortunately, there is still a degree of stigma surrounding suicide. This may make it difficult to talk about your loved one's suicide attempt, as you may fear that you or they will be judged or criticised.

It is important to remember that it is up to you who you choose to tell about the situation, and how much you reveal to them. You may find it helpful to prepare something to say when asked about the suicide attempt, such as a simple: *"yes, it's a difficult time for us, but we're getting him/her the support he/she needs."* Speaking to people who have also been in similar situations, such as through a carers' support group, may offer you a source of non-judgemental support and understanding.

Looking after yourself

Supporting someone who has attempted suicide can be emotionally draining, stressful and exhausting. It is impossible to watch over someone 24/7. It is vital that you look after yourself and get the support you need.

This is not something you need to deal with alone. Ensure you have adequate support systems in place yourself. Identify trusted family members or friends that you can talk to, or join a local support group (visit JIGSAW our Community Services Database for groups in your area). If you are finding it difficult to deal with the strain of the situation, you may also wish to consider counselling or other professional support for yourself.

Notes:

Adapted from a resource by SuicideLine, Victoria.

tip sheet

Self-help for suicidal feelings

www.lrhartley.com/suicide

Have you been thinking about suicide? You may have found yourself wishing that you were dead, or perhaps that your friends and family would be better off if you were. You may have even considered how you would kill yourself.

Sometimes thoughts like these can be triggered as a response to feeling that you don't have any control over your life, or that things will never improve.

You may feel terribly alone at the moment, but it is important to know that other people have been in similar situations and had similar feelings to those you're having now. Other people have also felt like ending their lives, and will have had similar thoughts to your own.

What can I do?

The following are some examples of things that you may find helpful when you're feeling distressed or overwhelmed and thinking about hurting or killing yourself. It may be useful to experiment with some of these suggestions, and make a note of the ones you find helpful so you can look back over them if you need to.

- Think back to another time in your life where you faced a similarly overwhelming or painful situation. What did you do to cope then? Can you do any of the same things now?
- Think about a time when you felt a little better than you do at the moment. What did it feel like then? Try focusing on, or even writing about, the way you felt at that time.
- Try to concentrate on the present. Worrying or getting caught up in the idea that things will never improve in the future can make you feel even more overwhelmed.
- Try breaking up your day by planning things to do that will distract you. Plan something to do for a short period of time, and then have another activity or task ready for when you finish that one, and so on.

Distractions and stress relievers

Activities that you may find helpful in distracting you from the way you're feeling and relieve some of your distress might include:

- Listening to your favourite music as a mood booster
- Taking a shower
- Sitting outside or going for a short walk
- Spending time with your family or friends
- Watching a favourite DVD, television program or film
- Drawing, sketching or painting
- Writing
- Re-connecting with areas of your life that give you a sense of meaning e.g. spirituality, social service, a vocation
- Taking some time out to treat yourself to a small thing you ordinarily enjoy, and savouring it

Looking after your physical health

It is easy to neglect your physical health when you're feeling distressed or suicidal, but paying attention to your diet, getting regular sleep, maintaining a daily routine and keeping active can help you to feel more able to manage things.

Relaxation techniques

It can be helpful to educate yourself about other coping strategies, such as relaxation techniques. There are various techniques that can help to reduce feelings of distress. There are a range of books or reputable websites available where you can learn more about these, but here are some examples to get you started.

Breathing exercises

Find a comfortable position. Focus on something in the room or close your eyes. Breathe in slowly through your nose, hold the breath for a few counts, and then breathe out slowly through your mouth. Hold your breath again for a few counts, and then repeat the process until you feel a little calmer.

Practicing mindfulness

Instead of trying to stop your distressing feelings or thoughts, try simply recognising and accepting them without judgement. Remember that you experience a whole range of thoughts and feelings apart from the ones you're dealing with at the moment. Remind yourself that feelings and thoughts are temporary and will pass.

Progressive muscle relaxation

Lying down or reclining in a chair, begin by breathing slowly. Starting with your feet and working your way up your body, tense each group of muscles for 10 seconds, then release them for 15 seconds.

Make a safety plan

Work with a trusted family member or friend, or a professional to develop a suicide safety plan. It is helpful to involve important people around you, as they need to know how best to care for you and keep you safe if you're feeling suicidal.

Try to find a time when you're feeling well, calm and clear-headed, rather than when you're suicidal or distressed.

Write your safety plan down and keep it in a place where you can easily find it when you need it.

Your safety plan should include:

1. Information about when to use the plan. List the kinds of situations, thoughts, feelings or other warning signs that may lead to you feeling suicidal.
2. A list of things that you can do that help you feel calm and comforted. Think of soothing, calming activities that you can employ when you're feeling suicidal.
3. A list of all your reasons for living. It can be helpful to refer to this list when you're feeling suicidal, as you can lose focus on the positive aspects of your life and concentrate only on the pain you're experiencing. Your list can remind you of these positives you may have forgotten.
4. People you can talk to when you're feeling suicidal. Include their names and contact details, and make sure you have back ups.
5. Professionals who you can talk to if you need to, again including their names and up-to-date contact details.
6. A plan of how you can make your environment safe. Think about items you might be likely to use to hurt yourself, and detail how you can remove or secure them. Your plan may also include avoiding things you know make you feel worse.
7. Emergency contact details that you can use if you are still feeling unsafe. List the name and address of your nearest emergency department or crisis helpline.
8. Make a commitment to your safety plan. This means promising yourself that you will implement your plan if you need to. The commitment could also involve promising (out loud) to a family member, friend or professional that you will follow your plan.

Notes:

Adapted from a resource by SuicideLine, Victoria.

Grief after Suicide

www.lrhartley.com/suicide

The death of someone close to us is one of life's most stressful events. When the death is from suicide, family and friends must cope with sadness at the loss plus all their feelings of confusion and sometimes even anger. It takes time to heal and each of us responds differently. We may need help to cope with the changes in our lives. But in the end, coping effectively with bereavement is vital to our mental health.
If someone close to you has just committed suicide, we hope this handout will help you understand that you are not alone in your struggle and that help is available. If you have a grieving friend or relative, this handout may help both of you understand and cope with this difficult time.

How Common is Suicide?
Approximately one out of four people knows someone who has committed suicide. The deceased leaves behind a network of family and close friends who must cope with the same inner turmoil that you are probably trying to understand and cope with now.

Am I to Blame? Could I Have Helped?
No, you are not to blame. After a suicide, family members and friends often go over the pre-death circumstances and events, blaming themselves for things they think they should or should not have done. "If only I had persuaded him to get help!" or "If only I hadn't told her I wanted a separation..." Even though suicide is an individual decision, it is a very natural and common reaction for survivors to feel guilt or responsibility. People who are left behind should seek out bereavement counselling or support groups to help relieve this feeling of responsibility.

What are the Stages of Grieving?
There are many different stages of grieving. The three stages outlined below are ones which most people will experience. However, people do not usually flow from the first stage through to the last in a logical order. Some people may jump back and forth between stages, and the length of time it takes to go through the different stages may vary.

Stage I - Numbness or Shock
Initially, people function almost mechanically. You may also feel anger, confusion or even relief depending on the circumstances. These feelings are normal. Many people at this stage will keep an emotional distance from others to protect themselves and to avoid discussing the death.

Stage II – Disorganization
It is normal to feel lonely, depressed and tearful at this point. You may have problems sleeping or eating. Some people may feel sorry for themselves and even hallucinate. You may agonize over things you think you could have done for the deceased. At this stage, you may need to reach out to someone and discuss your feelings.

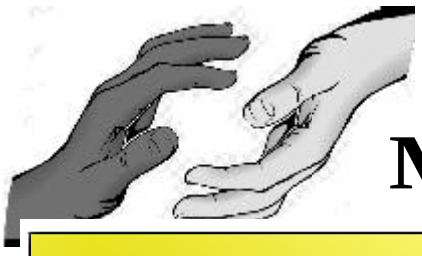
Stage III - Re-organization
You will begin to feel more comfortable and may find that there are moments in your day when you do not think about your loss. Your feelings will not be as intense and you will be able to focus on daily tasks. At this point, most people need encouragement to re-enter life's mainstream. But remember, there is hope and help. You may never get over the death itself, but you will overcome the grief.

Is Anger or Relief a Natural Reaction?
While all kinds of loss are painful, the issues are different when dealing with a death by suicide. The length of time it takes to work through the stages of grief also varies depending on the circumstances.
Feelings of anger, confusion and relief are natural. Do not deny them. If the deceased person had been depressed and/or had previously attempted suicide, there is nothing wrong in feeling relieved that the burden is gone or that you are angry because you have another burden to carry. If you do not work through these feelings, you will prevent yourself from moving forward in the bereavement process. Not moving forward is dangerous; it can cause mental and physical illness and can tear families and friendships apart. It can stop people from coming to terms with the suicide. You must face your feelings before you can work them out.

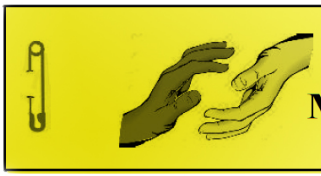
How Does Suicide Affect the Family?
It is important to realize that not all members of the family will grieve in the same way or go through the same stages at the same time. Every family member needs room and understanding to go through the bereavement process in his/her own way. Be honest with children about the cause of death. Otherwise, they will go through the grieving process again when they learn the truth. Be careful not to ignore or forget the grief experienced by children. They need help dealing with it but should not be “protected” from it.

How Will My Friends React?
Generally friends are well meaning. They want to give support and help but they may not know how. They may be afraid that they will overwhelm you or think that you want to be alone. Guide them. Tell your friends you want and need to talk about your loss. By opening up, you will help yourself and help your friends help you. People who talk out their feelings are usually the people who recover most quickly from a loss by suicide. If your friends seem uncomfortable talking about the death, or even being with you, it may be a reaction to your discomfort. If you are uncomfortable talking about the circumstances, don’t. Your friends will already know. Let others simply respond to the death of your loved one.

As a Friend, What Should I Do?
Try to understand and be patient with a grieving friend. Do not ignore or overwhelm a person who has suffered a suicide in the family. **Never blame anyone**. Suicide is a decision made by one person, and judgements should not be made about the family. Do not try to accelerate the process of bereavement. It can take a long time for a person to work through the grief, to deal with the confusion and to come to terms with his/her feelings. Treat your friend as you would treat anyone who has lost a family member. Be available to listen or to help out with the chores. Encourage your friend to consider outside help from a counselling agency or support group in the community. In a Suicide Bereavement Group or similar self-help group, your friend will be able to discuss his/her mixture of feelings with other people who have suffered a similar loss. Acknowledge your friend’s feelings of guilt; it will help him/her to come to terms with the fact that he/she is not to blame.



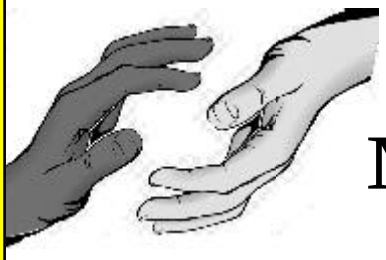
Who I Am
Makes a Difference.



Who I Am
Makes a Difference.

Print on yellow paper. Cut into 6 ribbons using the faint guidelines between each ribbon. Finally, cut bottom edge diagonally (perhaps with pinking scissors). Providing a pin is optional. Give each person 6 ribbons (perhaps in a DL size envelope)

Who I Am
Makes a Difference.



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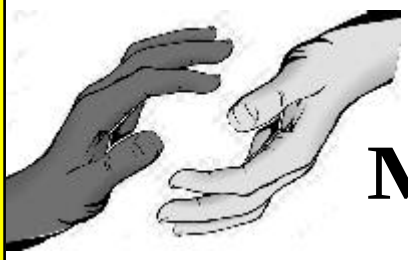
Makes a Difference.



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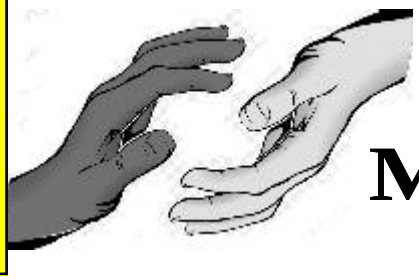

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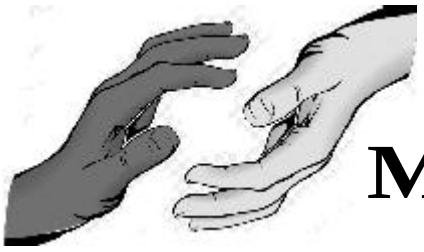
Makes a Difference.



Who I Am
Makes a Difference.

Suicide: Preventative Medicine is possible.

Prescript: N.B. this is based on the assumption that the reader has a basic knowledge of the fundamentals of Suicidology, Parasuicidology and Monoacidics (self poisonings.)[2].

Suicide has traditionally been viewed in the progressive trilogy of a crisis period, the attempt, and post-crisis periods. It is my aim in this tutorial to suggest that this trilogy can be replaced, preceeded, or interupted by a fourth appurtenance: prevention. Due to shortness of space references will need to be compared by the reader as they are not fully expounded in the text.

Introduction.

All suicides have precipitatory factors, from the young student under stress to the buddhist monk burning himself as a form of public protest; from World war IIs Kamikaze Japanese ~~pilot~~ pilots to the proverbial 20th century neurosed Suburban housewife. These precipitating factors, of course, vary greatly according to the individual, but generally there are sufficient warning signs given to effect a course of prevention, even from the day a child is born.

It has been suggested by D. Curran in his book Psychological Medicine that the likely candidate for suicide is a " single, childless, socially isolated, drifting, impoverished, unemployed, irreligious, seventy-year-old townsman with intractable organic disease... especially if liable to depressive illness as personality reaction, with a history of a previous (suicidal) attempt."[1] Although this may be a lengthy dissertation, by using each of these factors as subheadings, we can analyse why he has made

1. D. Curran, et al. Psychological Medicine, Churchill, & Livingstone (Edinburgh 1976) Pg 176 (see bibliography).
2. Sometimes called "Mylogaestronetics"

such a statement, and in the light of this evidence we can use this ~~area~~ criteria as a guide to preventing suicides or suicidal gestures from occuring.

1. the Single person.

Suicide is more common among divorced persons, followed by the widowed and single, than among married persons.[1.] We also note that sixteen percent of all calls received during a study by Bagley (1971) in Melbourne of Lifeline related to Marital problems.[2.] this was the greatest percentage of all the call-types listed in the survey.

Therefore it would ~~-~~ seem that a return to the bonding of families by both parential influences and between Husbands and Wives by Parent-craft centres, Marriage Guidance counselors, and Marriage encounter groups etc., could be a preventative for potential suicides.[3.]

2. Childless.

Curran (op cit. Pp 176, 1976) Suggests that suicide is more common among the childless than among parents. Although no statistics were available to the writer at the time of writing, nor reasons suggesting this by either Curran or other writers, three possible reasons can be hypothesized from the research available.

Firstly is the suicidees concern for the

1. Coleman, James C. Abnormal Psychology and Modern life W. B. Saunders & Co (Philiddphia 1961) Pp 618 ; Batchelor, R.C. (ed.) Henderson & Gillespie's Textbook on Psychiatry Oxford University Press (London 1975) Pp 70.; Andreas, Ver. D., Suicide As Communication, Article — life and Health (May 1979 Washington D.C.) Paragraph 4.

2. Hetzel, B.S. Health + Australian Society, Penguin Books (Middlesex 1976) 2nd Ed. Pp 155 (compare Gregory, Ian Psychiatry: Biological and Social, W. B. Saunders & Co (London 1961) Pp 545

3. (see overleaf.)

footnotes from Previous Page:

3. Gregory op cit. Pp 545, Also see Wynhausen, Elizabeth, Do Married People live longer? Australian Women's Weekly Ita Buttrose (Ed.) (Sydney 26/9/79) Pp 43,44.

possible affects upon a son or daughter; mentally, socially, and financially.

Secondly, it has been suggested by Charles Wittschiebe that parenting teaches new responsibilities both toward one's own life and toward the lives of others, especially the offspring.[1.]

Thirdly could be the possibility that a child (or children) could create a bond between husband and wife (Putting them in the same category as under the first sub heading.).[2.]

The natural conclusion would (falsley) be that having a child or another child would be an effective suicide prevention measure. This is t ludicrous for two reasons; firstly because having a child creates problems in itself which may lead to the stress that is a causative factor in some suicides, and Secondly because there is the problem of where to draw the line, because a two-child parent has less likelyhood of committing suicide than a three-child-parent, and so-on.[3.]

Socially Isolated.

The Humanist Maslow (1954) includes in his

1. Charles Wittschiebe, Question and Answer Session: Christchurch Town Hall 1979 (unpublished transcript.)

2. Yarrow, Leah Right and Wrong reasons for Having Another Baby; Australian Women's weekly Ita Buttrose (Ed) (Sydney 24/8/79) Pp 85-87.

3. ibid, also refer to Lobsenz: The myth of the Miserable only Child (14 June 1978); Duncan: Are You Over-Parenting (10 oct 1979) Turner, B: What Kind of Parents are we? (31 oct 1979) —all from the Women's Weekly (syoney 1978,79) Ita Buttrose Ed., all Pps 24,25 each issue

hierachy of basic needs the "need for Social Acceptance."[1.]

Pretzel (1972) suggests that suicidal depression is caused by isolation and abandonment.[2.] Studies done by Hetzel (1971) suggest that suicides in the metropolis of cities (where social isolation, ironically, occurs despite the populus) was at a much higher rate than in rural areas.[3.]

The suggestion, therefore, as in the words of Ellen G. White is:

> "Take your families away from the cities": "get out of the cities into rural ' ' districts where the houses are not so crowded together."[4.]

5. Impoverished.

This could be looked at in two ways, as Curran (1976) did not limit the Meaning to refer to those who have become impoverished (as opposed to those already poor.)[5.] This, of course, would be the primary way of looking at the impoverished, but let us first look at another aspect: that of parental deprivation. Lack of parental control and parental deprivation is purported to be a causative factor in forty

1. L.F. Luxton: Lecturer In Motivation: Christchurch Technical Institute (Now known as Christchurch Polytech.) July 1977. Compare Belkin & Grey, Educational Psychology Wm C. Brown (Iowa 1977) Pp 60-68; Halper, Charles How Not To Contribute To Suicide: Insight Vol 8 Pp 12; Gregory op cit Pp 545 — Notes on Hirsh (1960)

2. Pretzel P.W. Understanding and Counselling the Suicidal Person. Abington Press (Tennessee 1972) Pp 47

3. Hetzel op cit Pp 147, 148

4. E.G. WHITE The Adventist Home Southern Publishing Co (Tennessee 1952) Pp 139; E.G. White Selected Messages Book II Review & Herald Publishing Assn (Washington D.C. 1958) Pp 141.

5. Curran et al. op cit. Pp 176

percent of youth overdose (drugs) in Australia in 1971 according to Hetzel.[1] As this was discussed earlier let us look at Curran's Definition.[2] It is noted that Material and financial needs, causing problems, resulted in 9% of calls in the lifeline survey previously referred to (Hetzel 1971).[3]

Ellen G. White in 1888 Made the following statement which no less equally applies to day.

> "How many have devoted life and soul to aquiring wealth, but were not rich toward God; and when adversity came upon them they had nothing laid up in Heaven. They had lost all, —both temporal and eternal riches. In despair and cowardice, They have taken their own lives, and put an end to the opportunities and privileges that had been purchased for them at an infinite cost to The Son of God.[4]

The preventative measure here is quite clearly seen.

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1. Hetzel, B.S. Epidemiology of Suicidal Behaviour in Australia : Australian and New Zealand Journal of Psychiatry Vol 5 (1971) Pp 156 – cited in Hetzel Health and Australian Society Pp 151.
2. Curran et al op cit.
3. Hetzel op cit Pp 155. ref. These notes Pp 2.
4. White, E.G. Christian lifestyles : Review and Herald (Washington D.C. 18/9/88) Vol 65 No 38 Pp 594. (Emphasis supplied)

6. Unemployed.

Nene King (Quoting DR ABE KESSELL, Deputy director of the Victorian Health Commission) reported the following:

"There is evidence of a very high incidence of attempted suicides among the unemployed. They become depressed, anxious, isolated, and unable to cope."

"They are called 'dole-bludgers'"

"You have a situation where kids are being faced with tremendous economic and social changes"

"Standards have gone. The world's a different place. We are in the process of establishing new guidlines"

"Plus there is the [illegible] impact of simply growing up, and the move to independence.

"There have been kids with tremendous pressures on them to get more & more education. If they do this, they are more dependent on others for money at a time when they want to be independent"

"When you have a society which is confused and a rising unemployment problem, you really are laying tremendous ground work for tension, anxiety and depression" 1.

"The consequence is attempted suicide and actual suicide." 2.

It is very simple then to say "reduce unemployment", but politicians have been saying this eversince the turn of the century. 3. It is not then clear what

1. Dr Kessell: cited in King, Nene Alarming Australian Problem: New Idea (Victoria 18/12/79) Dulcie Bolin (Ed.) Pp 33.

2. ibid

3. Heathwood, gail. New Survey On Unemployment: Australian women's weekly (Sydney 18 June 1979) (Ed. Ita Buttrose (ed)) Pp 8,9.

prevention can really take place in this instance, except that in Christchurch (New Zealand) and in some Welsh cities "unemployeds" have banded together for unified job seeking, moral support, daytime activities, and a mutual voice in Govt. debate.

7. Irreligious.

This has a negative as well as a positive, and because the positive far outweighs the negative, we will discuss the negative first.

The Case study of Halper (1977) reveals a predisposing suicidal factor in that local church people chastised the victim for misconduct and also the local pastor was "always too busy to come by or call."[1]. The awareness of these factors could be considered a preventative measure.

On the positive side, however, much has been said. Pretzel has devoted an entire chapter to the subject with emphasis on faith and recognition.[2]. Ericson (1959) makes repeated references to religion as an anti-suicidal measure in his 23 essays on the identity crisis.[3]. Gregory (1961) mentions the positive aspects twice in his published works, and all statistics suggest that catholics commit suicide less than the "opinion diverse". protestants, and the non religious and irreligious even

1. Halper op cit. Pp 12.
2. Pretzel, P.W. op cit. Pp 226 to Pp 242
3. ERIC ERICSON : cited in Pretzel op cit Pp 227 and others.

more frequently.[1]

The most profound statement, to my mind, was made by H.E. Douglas (1976) when he said that "Suicide is the ultimate insult to God" our creator.[2] Surely these statements speak for themselves.

⑧ 70 Year Old Townsman.

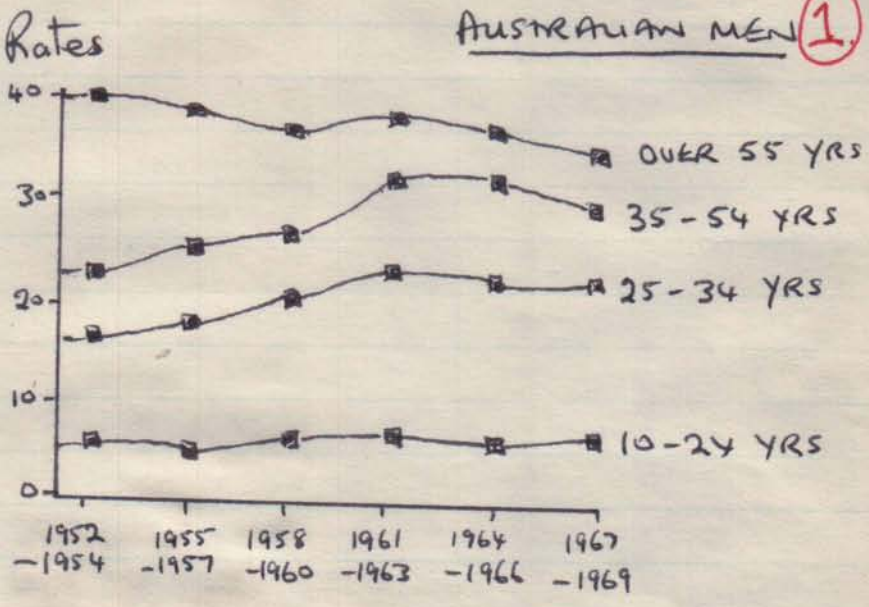
The town part of this phrase was discussed earlier. The man part refers to the fact that more men than women commit suicide although more women attempt suicide. ~~That is to say more women than men attempt suicide.~~ Men tend to use more effective means - ei Guns, hanging, etc rather than the "womanly" overdose of drugs.[3]

However, the 1968 WHO report revealed that there is an increase in the rate of women's success.[4] In Australia the women's rate doubled between 1955 and 1965 from 5.4 to 10.8 in 100,000 population.[5] With the exception of an absurd usage of shettleonism, sex choice is neither usually a choice nor could it be considered a preventative measure for possible suicides as so many other factors are involved.[6]

As far as age is concerned, there are many conflicting statements and survey results. On an average, though, the WHO statistics seem to sum up the conflicts with the following graph which reveals the age most at risk.

1. Gregory op cit. Pp 542 and Pp 545.
2. Douglass H.E. Suicide editorial Review and Herald (Washington D.C. 18/3/76) Vol 153 No 11 Pp 299. Narrative and facts may be read in Coleman op cit. Pp 605.
4. Hetzel op cit. Pp 142
5. ibid Pp 142-143
6. the Shettles programme is discussed in WRIGHT DR. JAMES, "How the Shettles Programme works, article, Womens Day (AUST) AUG. 29, 1977 Pp 8, 9.

Average Annual age-specific Suicides Per 100,000 at risk.



1.

We see the graph shows an age breakdown in Australian men from 1952-4 to 1967-9 showing an increase between the ages of 35-54 and a slight increase between the ages of 25-34. The graph clearly shows, however, that although a decline may be observed, the "over 35's" still lead with about 35 per 100,000 population at risk. Surely prevention then would be proper care of the elderly. 2.

9. the terminally ill or depressed.

Pretzel (1972) says that "Although not all depressed people are suicidal, and not all suicides are depressed, yet depression is a common factor in many suicides. 3.

1. Graph traced from Hetzel op cit. Pp 143.

2. Walley, Wayne Old Age article Australian Women's Weekly (Sydney 19/9/79) Pp 131 - 135
Ita Buttrose (Ed). Discussion Re- Senile Overdoses and patient care.
Pretzel op cit. Pp 46.

You May recall that Gregory(1961) has written extensively on this aspect of suicide[1]. One statement that he makes is very worthy of mention as it includes other factors worthy of consideration should space in this report allow. He says: "In depression, suicidal impulses may be strongest during the early morning hours (particularly between five and seven am). The anniversary of some event, particularly the death of a loved one may also precipitate a suicidal attempt in depressed persons.[2]. Clearly the prevention of suicides in depressed persons lies in many fields: the School, the home, the family, the medical practice, the church's pastoral care, the employment situation etc. Even the local publican can be a chizel through the weak links of the depression chain.

10. Previous Attempts.

Suicides in youth; attempts and re-attempts are nearly always cries-for-help.[3]. Batchelor(1975) in his aetiology, says that "A Minority of those who have committed suicide have previously attempted it."[4]. Most writers agree, though, that if first attempts are unsuccessful, most will try again.[5]. Clearly this shows that the Most important preventative measure is never take suicidal threats lightly.[6].

1. Gregory op cit Pp 542 and following.
2. Ibid. pp 545.
3. Chase-Marshall, Janet "The [redacted] Tragedy of Child Suicide", Article, New Idea (Victoria 8/12/79) Dulcie Boxing (ed) Pp 32-[redacted] Compare also Andrees op cit. Pp 9.
4. Batchelor op.cit. Pp 71
5. ChaseMarshall Pp 35 and Parallels.
6. ibid, Andrees op cit Pp 9, and parallels.

Conclusions

In our conclusion, a word needs to be said firstly about the ambivalence (conflicting ideas and desires that exist simultaneously) of the suicidal person. Clearly all suicidal attempts need to be considered as though the were cries for help, and prevention should begin to take place before these cries are audible. In fact, Parents should begin the atmosphere when the person is born and others should aid the parent by carrying this attitude throughout all strata of society.

Our best help, however, is more personal still, and that is through Love. "Beloved, if God so loved us, we ought to love one another. 1.

L. HARRIS
19/5/80.

1. 1 John 4:11, K.J.V.

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